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ABSTRACT

The people of Boston made a commitment that no homeless person will be denied a bed, a meal, quality health care, and transportation to shelter during the winter of 1989-90. This commitment was difficult to fulfill due to a decline in services for the mentally ill, federal housing cutbacks, and an increase in the number of families living in poverty. Nearly half of Boston's homeless come from outside the city. Boston provides 66 percent of the shelter beds in the state, over half of which are occupied by the chronically mentally ill. The number of shelter beds has increased 213 percent since 1983, and over $63 million have been allocated for the homeless since 1984. The Health Care for the Homeless Program has provided services to over 12,000 people since 1985. The city has used $5.8 million under the Stewart B. McKinney Homeless Assistance Act for a variety of housing, food, and health care programs. Despite the decline of federal housing projects, the city has added over 15,000 units of affordable housing, the highest of any comparable-sized city. Over the past 5 years, 2,200 of the 3,750 vacant apartments in public housing have been rehabilitated and full occupancy is expected by the end of 1991. A key element of the city's approach has been to go beyond basic shelter needs and to help homeless persons become self-sufficient by developing transitional and single-room occupancy (SRO) housing. Statistical data are included on two tables and seven graphs. The following material is appended: (1) one table of statistical data on the number of beds in homeless shelters, 1983-90; (2) a copy of the September 1989 homeless mentally ill survey questionnaire; and (3) a list of awards to Boston under the Stewart B. McKinney Act. (FMW)

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BOSTON'S COMPREHENSIVE POLICY FOR THE HOMELESS

WINTER 1989-90

COMMITMENT & COMPASSION

The people of the City of Boston have made a commitment that this winter, no one will be denied a warm bed, a hot meal, quality health care, and transportation to shelters.

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Ann Maguire, *Executive Director*

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COMMITMENT AND COMPASSION

Boston's Comprehensive Policy for the Homeless

Winter Report
December 1989

CITY OF BOSTON
RAYMOND L. FLYNN
Mayor

EMERGENCY SHELTER COMMISSION

Rev. Bernard McLaughlin, *Chairman*
Richard Ring, *Commissioner*
Michael McGuire, *Commissioner*
Barbara Blakeney, *Commissioner*
David Trietsch, *Commissioner*
Ann Maguire, *Executive Director*

CITY OF BOSTON, MASSACHUSETTS

OFFICE OF THE MAYOR
RAYMOND L. FLYNN

Winter Plan, December, 1989.

Dear Friends:

I am proud to present you with a status report addressing the City of Boston's 1989 Winter Plan for the Homeless. It outlines the City's efforts on behalf of homeless people and highlights our concerns as we move into the winter season.

The tragic epidemic of homelessness is growing. This is driven by sharply increasing numbers of people who are both mentally ill and homeless, by cutbacks in federal housing assistance, by high numbers of impoverished families, and by severe reductions in state funded services for needy people.

The holiday season brings homelessness into sharp focus, but its pain and deprivation lasts throughout the year. Addressing both the symptoms and the underlying causes of this national tragedy falls to all of us.

The homeless are a diverse group. The face of homelessness is the face of a child, it is the face of a person with mental illness, an elder, and a wage earner whose wages are inadequate to pay for both rent and food. The diversity of their needs requires us to craft a variety of solutions.

Studies indicate that a growing proportion of the homeless are families with children. In addition, we're seeing an increase in the number of working poor — people with jobs — who are homeless. Without expanded federal and state housing funds, and without improved job-training programs, we will be unable to adequately address the needs of these vulnerable Americans.

The homeless mentally ill people who wander the streets of Boston by day and sleep in our shelters by night are a tragic reminder of the failure of deinstitutionalization. Over the past twenty years, about 25,000 people have been discharged from the Commonwealth's mental institutions. Discharged with virtually no follow-up or aftercare, many had no place to go and were forced to make their homes on the street.

By any measure — residential beds, clinic access, or basic social supports — community-based services were woefully lacking. Today the balance between supply and demand is even more lopsided as the ranks of the deinstitutionalized are swelled by younger mentally ill people who are unable to access either institutions or community-based care.

The numbers tell the story. Between 1960 and 1985 about 25,000 patients were released. However, over this entire period, *only 2,600 new community beds were developed statewide.*

Ignored throughout the 1970s by the public mental health system, persons with mental illness came from all over the state to seek sanctuary in Boston's shelters. Shelters became de facto mental hospitals — but without the necessary resources or staff. For many people with mental illness, the system of care begins and ends at the shelter.

The numbers of people with severe mental illness, frequently complicated by addictions, are overwhelming our shelters. In the shelter, they may pose a danger to themselves and others; but left on the streets they will surely die in the winter night. Their need is desperate and compelling.

The solution is not complicated. A segment of the mentally ill population needs humane professional care in a highly structured and secure environment. Others require a group home with trained staff in a community setting, and some simply need an affordable apartment or rooming house with access to mental health services.

These mental health concerns demand an immediate response. If the homeless mentally ill are not taken off the streets and given the help to which they are legally entitled, our fragile system of providing help to all in need will disintegrate.

The Commonwealth must provide the resources to meet the diverse needs of the state's homeless population. At best, these resources have barely stretched to meet demand; and in the face of cutbacks in housing assistance, health care, and mental health services these are grossly inadequate.

For example, as the Boston region of the Department of Mental Health sustains over $9.7 million in budget cuts, the patchwork of mental health services in Boston is being ripped apart. Medication clinics, counseling services, crisis and emergency services have been slashed. Housing units for the mentally ill stand vacant for want of operating dollars. The most vulnerable among us suffer alone and frightened on city streets and in overcrowded shelters.

Strong leadership by state officials, working with advocates, providers and city officials, must resolve this issue and find the resources needed to stem this tide of misery. But many concerned citizens are growing impatient. Shelter providers have been discussing the possibility of taking legal action to force the Commonwealth to fulfill its responsibility toward the homeless mentally ill.

Cities alone do not have the resources to completely meet the housing, mental health, health care and other needs of the poor and the homeless. But because of the commitment and concern of Boston's residents, we have stretched our limited resources and addressed the basic needs of our most vulnerable citizens.

In the past year, we have made great progress in our City by providing services which extend beyond emergency measures and assist people in moving towards stable living situations. More than ever before, shelters are offering working guests opportunities to become more self-sufficient.

The Boston Health Care for the Homeless Program has continued and expanded its innovative services. Additional physicians, dentists and nurse practitioners are on staff to provide comprehensive health care and outreach to our most needy citizens.

Job training and counseling services have been expanded at the city's Long Island Shelter to assist shelter guests reach toward self-sufficiency. Also, an adult literacy program has begun there in which volunteer tutors work with guests on a one-to-one basis.

This year, we initiated the commonWORK Awards, to honor shelter employees who give so much to serve the homeless. Their caring and positive energy are an inspiration to many of us involved in the fight against homelessness. Another group of hard working people who we offer our deepest thanks to are the countless volunteers who give their personal time to help those less fortunate than themselves.

As Chair of the U.S. Conference of Mayors Task Force on Hunger, Homelessness and Poverty, I was pleased to work with other housing advocates to help enact the Stewart B. McKinney Homeless Assistance Act. This legislation has enabled us to provide increased emergency shelter in the city.

We recognize that these positive steps are only stop-gap measures — lifelines to the most needy. They help the homeless meet basic needs. But if we are going to really solve the problem, the federal government needs to return as a full partner with states, cities and towns in the effort to assure every American a safe, decent, and affordable place to live. Without this partnership, we will continue to see homeless men, women and children living in shelters and eating at soup kitchens.

Our goal is not better shelters and soup kitchens.
It's to eliminate the need for shelters and soup kitchens.

The National Housing NOW Rally which was held in Washington, D.C., on October 7, 1989, was strongly supported by over 1,000 participants from the City of Boston. Housing advocates, homeless individuals, religious groups, union members and city employees made their way to Washington by bus, train and automobile to voice their concern over the nation's lack of affordable housing. On that afternoon, I had the privilege to represent the U.S. Conference of Mayors and the City of Boston when I spoke at the rally. Looking out over a sea of faces, I was extremely moved and proud of our representation from the City of Boston.

Boston has fought hard to beat the odds and maintain our commitment to meet the basic needs of homeless people. Yet our progress is now threatened by a combination of the state's budget crisis and woefully inadequate national housing policies. Taken together, these threaten to force us to defer our vision to move beyond shelter.

But as winter 1989 begins, the people of Boston have made the commitment that this winter, no one will be denied a warm bed, a hot meal, quality health care, and transportation to shelters.

We can find inspiration in the people and programs that make this possible. However, the real challenge is to give homeless people a genuine sense of hope that one day they will have a warm, safe place they can call home. Please join with me and the people of Boston in this commitment.

Sincerely,

Raymond L. Flynn

Raymond L. Flynn
Mayor of Boston

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II. EXECUTIVE SUMMARY

- Again this winter, the people of the City of Boston have made a commitment that no homeless person will be denied a bed, a meal, quality health care, and transportation to shelter.

- This commitment has proven harder to fulfill in light of the decline in services for the mentally ill, dramatic federal housing cutbacks, and an increase in the number of families living in poverty.

- The patchwork of mental health services in Boston is being ripped apart due to severe reductions in the state's Department of Mental Health. The Boston region of DMH has sustained over $9.7 million dollars in cuts.

- Nearly half of the homeless in Boston come from outside of the city — from other parts of Massachusetts or out of state.

- With 10 percent of the state's population, Boston currently hosts 66 percent of the shelter beds in the state and over half of these beds are occupied by chronically mentally ill persons. In other words, every night Boston shelters and other programs house 1,500 people with serious mental illness.

- The number of shelter beds has increased from 972 to 3,043 between 1983 and this winter. This represents a 213 percent increase since Mayor Flynn took office.

- Since January 1984, over $63 million of public, private and foundation funds has been allocated for programs and projects to serve the homeless population in Boston. City resources totalling $29 million have leveraged almost $34 million in additional funding.

- Boston's Health Care for the Homeless Program at Boston City Hospital has provided comprehensive medical services to Boston's homeless population. Since 1985, the program's team of doctors, nurses and social workers have served over 12,000 persons.

- As Chairman of the United States Conference of Mayors Task Force on Hunger and Homelessness, Mayor Flynn worked with other mayors from across the country, homeless advocates and Congressional leaders to fight for the enactment of the Stewart B. McKinney Homeless Assistance Act. Boston has already received $5.8 million in McKinney funds, which have been used by 97 non-profit agencies for a variety of housing, food, and health care programs.

- Despite the dramatic decline of federal housing programs, the Flynn Administration has mobilized every resource at its disposal both to preserve and produce affordable housing. Strong safeguards are in place for renters. The city has had over 15,000 housing starts since January 1984, the highest of any comparable-sized city.

- In the past five years, 2,200 vacant apartments in public housing have been substantially rehabilitated. The number of unlivable apartments has been reduced from 3,750 units in 1979. Renovations are under way or funding has been found for all but 324 of the remaining apartments. At this rate, we are on schedule for full occupancy by the end of 1991, a situation not seen for decades, nor existent today in many other large cities.

- A key element of the Flynn Administration's approach has been to go beyond basic shelter needs and to help homeless persons become more independent and self-sufficient. The cornerstone of this approach involves developing such programs as transitional and single-room occupancy (SRO) housing, job training and health care. In 1990, 245 new SRO and transitional units will be available to house people who would otherwise be living in emergency shelters.

III. INTRODUCTION

During the past six years, the City of Boston has given the issue of homelessness the highest priority. It has devoted significant financial resources to address the needs of Boston's homeless population. Also, the City has worked closely with the State, religious, non-profit groups, trade unions, private businesses and professional associations as well as other institutions to deal with this pressing problem.

This winter, we can again say that no homeless person will be denied a bed, a meal, decent health care and transportation to shelter.

Few other cities can make this statement. It is unfortunate that even such a minimal standard of meeting basic human needs requires such an all-out effort, and that it is left to local and state government, and charitable organizations, to mobilize the resources to do so. But until federal authorities shift their priorities, it is necessary to use whatever resources can be mustered to meet this challenge.

The Flynn Administration has worked hard to go beyond basic shelter needs in dealing with the homeless population. The City has sought to design programs and policies that help homeless persons move into the mainstream. This involves developing transitional housing, job training and counseling, and health care, that will assist the homeless person to become more self sufficient. We do not claim that we have reached this goal. What we have accomplished, however, is to develop model programs that can be expanded if adequate resources become available.

The primary goal is not to provide better soup kitchens or emergency shelters. Our ultimate goal is to eliminate the need for emergency shelters and soup kitchens. But this will take a substantial commitment of federal government resources to a wide range of housing, social service, and anti-poverty programs. In the meantime, our primary task is to serve the immediate needs of Boston's homeless — to stretch our limited resources to address this critical problem.

IV. WINTER PLAN 1989-90

Again this winter, the people of the City of Boston have made a commitment that no homeless person will be denied a bed, a meal, quality health care, and transportation to shelter.

CITY OF BOSTON EXPANDS SHELTER CAPACITY

A vacant laundry building at Boston City Hospital is the site of the City's newest emergency shelter, as Boston continues to expand its emergency bed capacity.

Boston's Long Island Shelter will operate this new 160-bed facility. This new site adds 100 beds to the City's shelter operations. The other 60 beds will be transferred from the BCH Intake Center where overflow shelter has been provided for women. Renovations to the laundry building have been made to make the space appropriate for shelter use. Grants obtained through the federal McKinney Act as well as the City's Public Facilities Department, paid for the approximately $950,000 in renovations. The new facility which opens this month will allow the City to expand its day programs and its nursing clinic for the homeless. It will also provide office space for job counseling. The number of shelter beds increased from 972 to 3,043 between 1983 and this winter. This represents a 213 percent increase since Mayor Flynn took office.

HOMELESS ARE GUARANTEED TRANSPORTATION

For the past two winters, the Long Island Shelter began operating a homeless services van to transport people to overflow shelters and to reach out to others on the street in the evening hours. The Pine Street Inn also operates a rescue/outreach van from 9 p.m. to 5 a.m. daily. Both vans have proved to be vital in making sure that people have access to shelter, medical care, as well as blankets and hot drinks for those individuals who do not desire transportation to a shelter. The Boston Police Department makes a vital contribution to our Winter Plan by providing 24-hour transportation to shelter throughout the City of Boston.

OVERFLOW SHELTERS

In conjunction with the state government and the Greater Boston Adult Shelter Alliance, the Flynn Administration coordinated efforts to insure that every person who seeks shelter in Boston this winter will have it. Four hundred and fifty shelter beds will be added. Three hundred and fifty of these beds will be added for the winter season — 200 at the Newton Armory (operated by Positive Lifestyles) and 150 in small shelters throughout the Greater Boston area. One hundred additional beds will also be open at the Boston City Hospital.

"Under the Flynn Administration, significant progress has been made in addressing the pressing needs of homeless people in Boston. We have looked beyond the provision of emergency shelter in an effort to offer people opportunities to attain self sufficiency. I am confident that we will continue to strive for an improved quality of life for our most vulnerable citizens."

— Richard Ring,
Executive Director
Pine Street Inn
Member, Emergency Shelter
Commission

QUALITY HEALTH CARE AVAILABLE FOR THE HOMELESS

Since 1985, Boston's Health Care for the Homeless program has provided comprehensive health care services for the City's homeless population. Through this program, health care teams — consisting of dedicated doctors, nurse practitioners and social workers — travel to close to sixty shelters, day programs, meal sites and hospitals to provide health care to guests at these locations. Health Care for the Homeless also offers a dental program, optometry services (including the provision of eyeglasses for homeless persons) and several other specialized programs to meet the particular needs of this at-risk population.

Health Care for the Homeless also operates an innovative respite program at the Shattuck Shelter in Jamaica Plain. The respite unit provides recovery care for homeless individuals who are too ill to be walking the streets each day but who do not require admission to acute or chronic care hospitals. The 25-bed unit provides comprehensive medical, nursing, social and psychiatric care for homeless patients who are unable or reluctant to follow routine treatment plans. This unit is very cost-effective as it provides a less expensive alternative to hospital care for individuals who are recovering from treatment. The average length of stay in respite is 17-20 days and they have had over 700 admissions since opening in the fall of 1985.

DEDICATED VOLUNTEERS MAKE THE DIFFERENCE

There are many factors that contribute to the success of Boston's programs for the homeless. Perhaps most important are the volunteers and the donation of time, clothing, food and furniture. Emergency shelter and feeding programs rely heavily on volunteer labor and donations. In fact, it would be safe to say that many programs would not be able to function without so many dedicated and hardworking volunteers. In Boston the efforts of volunteers and other in kind donations have been valued at approximately $50 million per year. Clearly, without the generosity of many Bostonians, the level of services being provided would be dramatically lower.

Dedicated volunteers provide a vital service to help Boston's hungry and homeless

V. HOMELESSNESS IN BOSTON TODAY

Boston, like many other cities, has experienced a surge in homelessness during the past decade. Under the Flynn Administration, the City of Boston has made homelessness a top priority. Though Boston has always had a homeless population, the composition of this group has changed over the years. The "new homeless" include families with children, the working poor, Vietnam veterans and the mentally ill.

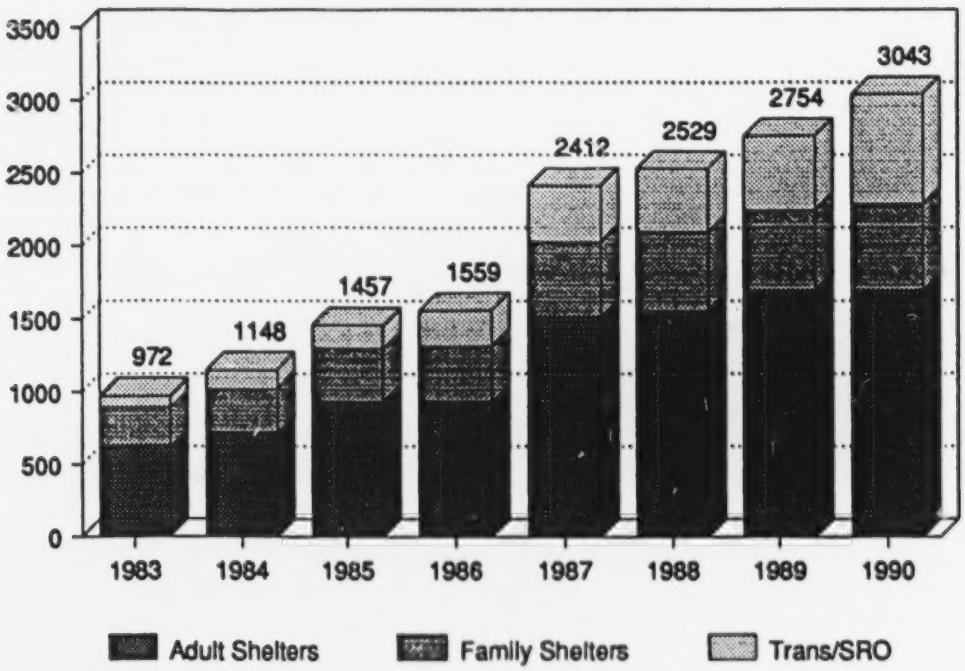
No one knows the exact number of homeless persons in Boston. Getting an accurate count — much less obtaining a profile of their characteristics, backgrounds and needs — is obviously no easy task. Because the homeless lack a permanent address, they are difficult to find. A growing number of homeless persons, particularly families, are neither on the streets nor in shelters, but are living in overcrowded housing. They are "invisible" to those who seek to provide services to them. Because many homeless persons, even those on the street, look the same as other people, they are difficult to identify. Since many people are fearful of strangers, it is difficult to obtain an accurate profile of such characteristics as age, medical history, last permanent address, or the immediate causes of their homelessness.

On December 5th, 1988, the Emergency Shelter Commission sponsored its street and census count of the homeless in Boston. Working closely with Boston's shelter providers, homeless advocates, the Boston Police Department and 120 dedicated volunteers, a one-night census was conducted. It sought to identify every homeless person in shelters, hotels, and on the street, including subway stations, alleyways, Logan Airport terminals and semi-public places. It did not attempt to locate persons who found shelter, however inadequate, in overcrowded or abandoned apartments — the hidden homeless. This census accounted for 3,453 individuals. Adult men were reported to be the largest portion of this group at 62 percent of those counted. Adult women accounted for 23 percent and children comprised 15 percent. All of the children were living in shelters or hotels; none were found during the street count.

"The Downtown Crossing Association along with a number of city, state and social service agencies has joined together to address the issue of homelessness in the downtown area. As a result of this effort, the Downtown Crossing Outreach Program was established to link the homeless population to existing health and rehabilitation services. We are committed to continuing our work to assist homeless people in our neighborhood."

— Bethany B. Kendall,
President
Downtown Crossing
Association

SHELTER BEDS IN BOSTON



INCREASE IN SHELTER BEDS

Since 1983, the number of shelter beds in Boston has increased from 972 to 3,043, representing a 213 percent growth. These shelter beds include adult shelters, family shelters and transitional housing programs. Three large shelters — the City's Long Island Shelter, the new Boston City Hospital Shelter, and the Pine Street Inn's Fort Point Shelter account for a large percentage of the overall increase. However, there has also been a sizeable increase in the number of beds in small and medium sized shelters sponsored by the state government and by non-profit organizations. In 1990, the number of family shelter beds will experience an increase of 49 beds and the number of beds in transitional housing will soar by 245 beds. These 3,053 emergency and transitional beds, along with the 450 "overflow" beds and the approximately 350 beds available in area hotels, make it possible to insure that no homeless person in Boston will be denied a bed for the night.

THE HOMELESS MENTALLY ILL CRISIS IN BOSTON
SUMMARY

- With 10 percent of the state's population, Boston currently hosts 66 percent of the shelter beds in the state. Over half of these beds are occupied by chronically mentally ill persons. In other words, every night Boston shelters and other programs house 1,500 people with serious mental illness.

- Adult shelter providers report that an average of 60 percent of their shelter guests have some form of mental illness.

- The patchwork of mental health services in Boston is being ripped apart due to severe reductions in the state's Department of Mental Health budget. The Boston region of DMH has sustained over $9.7 million in cuts.

- The few mental health facilities in Boston are very overcrowded. They currently have an occupancy rate of 120 percent.

- There are only 254 in-patient beds in Boston for a population of 9,700 chronically mentally ill people.

Jim Viola, Director of Positive Lifestyles and Mark Baker, President of the Massachusetts Shelter Providers Association share their concerns with Mayor Flynn

- During the past six months, shelter providers have seen an increase in the number of shelter guests with mental health problems. They predict that the severe cuts to the Department of Mental Health will lead to a significant increase in the coming months.

- The mentally ill population is not monolithic. They have different needs for housing and support services. Those include:

  1) Affordable housing — in low-rent apartments or rooming houses — coupled with access to professional mental health services.
  2) Community-based group homes with trained staff. We need more well run group homes where residents can live as independently as possible and pose no threat to neighborhood residents.
  3) Institutional care — secure, safe, humane with professional staff. People with mental illness who need this care are a danger to themselves and others. Laws and policies should be changed to enable competent professionals to help mentally ill people get off the streets and get humane treatment.

INTRODUCTION

The homeless mentally ill people who wander the streets of Boston by day and sleep in our shelters at night are a tragic reminder of the failure of deinstitutionalization. Beginning twenty years ago, as the Commonwealth's state mental hospitals emptied out and closed down, thousands of mentally ill were turned out with virtually no follow-up or aftercare.

The many faces of homeless are families, working poor, veterans. A segment of the homeless suffer from mental illness and this chapter is about that segment. The mentally ill are us. Most Boston residents know someone — a family member, friend or neighbor who is suffering from mental illness.

Policy makers assumed that the funding which formerly supported institutionally based care would be redirected to out-patient services, emergency services and housing. That assumption was proved wrong and the vision of quality community care remains an empty promise. Community mental health centers have not fulfilled their expectations.

There appears to be virtually no relationship between community mental health centers and community services for the mentally ill. In the last 25 years, the vaunted Community Mental Health Centers became counseling centers for the worried well, and the deinstitutionalized mentally ill can now be seen on the streets everywhere, overtly psychotic and without care.

E. Fuller Torrey, M.D.
Nowhere To Go
Harper & Row, 1988

Like most states, Massachusetts never made the initial investment to build a viable community mental health system. As time went on, the Commonwealth fell further and further behind. The situation is so desperate that some shelter providers are taking legal action because they are losing patience.

By any measure — residential beds, clinic access, or basic social supports — community capacity was woefully lacking. Today the balance between supply and demand is even more lopsided as the ranks of the deinstitutionalized are swelled by younger mentally ill who are unable to access either institutions or community based care.

Adult shelter providers across the state are reporting growing numbers of homeless mentally ill people being discharged to their shelters or to the street. This places an unbearable strain on shelters that are already taxed to the limit. Shelters are not, and cannot be, in any way, shape or form, programs for the mentally ill.

Mark Baker
Massachusetts Shelter
Providers Association

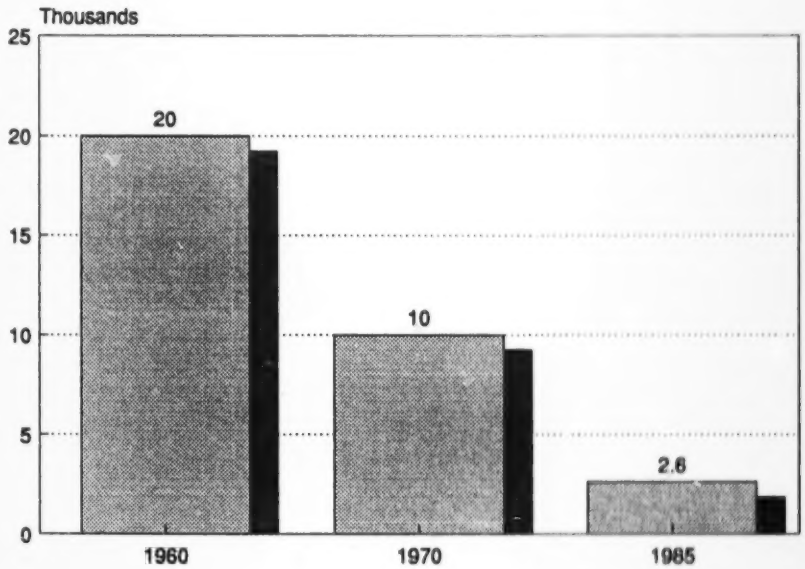
As a social policy, deinstitutionalization was designed with the best of intentions. The policy was enacted in the 1960s, following advances in pharmacological treatment that made it possible for people with mental illness to live in community based settings rather than large institutions. It stressed the development of outpatient clinics and small supervised community residences as major supports for people with mental illness.

Studies have shown that good services for such individuals living in community facilities cost no more than mediocre services for them in state hospitals. Rehabilitative services for the seriously mentally ill can also be cost-effective by decreasing the need for rehospitalization and, for those able to work, decreasing utilization of support programs such as SSI.

E. Fuller Torrey, M.D.
Nowhere To Go

The numbers tell the story. In 1960, twenty thousand people lived in the Commonwealth mental institutions; a decade later their numbers had declined to half; and in 1985 only two thousand six hundred people remained. *In that same period, only two thousand six hundred community residential beds were developed statewide.*

#OF PEOPLE IN MENTAL INSTITUTIONS IN MA



Where did all these people go? No one really knows. This collective group of patients was never followed by the Department of Mental Health. The Department assumes that some people went to live with their families, others lived a marginal existence in cities across Massachusetts, and a significant number came to Boston to seek help in its homeless shelters and food in its soup kitchens.

Ignored throughout the 1970s by the public mental health system, the chronically mentally ill sought sanctuary in Boston's shelters, emergency rooms and police stations. Their desperate need for help generated a rapid and dramatic increase in city-based shelter beds.

The crisis in the city was exacerbated in early 1981, when Boston State Hospital was closed, leaving Metro-Boston with only 254 inpatient beds to provide acute care for a chronically mentally ill population in Metro-Boston that totaled 9,700. Without question, the inpatient capacity to serve acute patients is inadequate and severely overcrowded; this is best illustrated by the fact that occupancy rates for inpatient facilities routinely run at 120 percent.

Fueled by an ever growing need, in the past six years alone, the number of Boston's shelter beds increased by 215 percent (from 972 in 1983, to 3,043 in 1989). No city or town in the Commonwealth has stretched further to offer hospitality and hope to our most vulnerable people.

With 10 percent of the state's population, Boston currently hosts 66 percent of the shelter beds in the state and over half of those beds are occupied by chronically mentally ill persons. In other words, every night Boston shelters and other programs house 1,500 people with serious mental illness.

THE STATE'S MENTAL HEALTH SYSTEM IN BOSTON

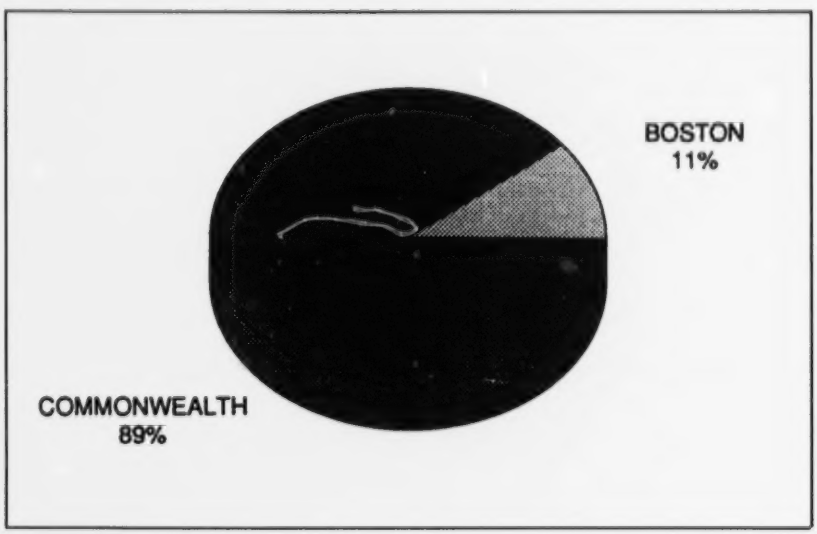
According to the Department of Mental Health, 25 percent of the statewide need for mental health services exist in Boston. *But the state's response to that level of need is to allocate to Boston only 11 percent of the Commonwealth's mental health dollars.*

As dramatic as this inequity appears, it actually *underestimates* the inadequacy of mental health resources in the city, as its population base excludes the hundreds of homeless mentally ill who are sheltered in Boston.

By any reasonable measure — per capita dollars, service availability and access, or emergency services — Boston ranks among the most underserved in Massachusetts. This has a direct impact on the homeless mentally ill, who are forced to compete for help in a mental health system that has no room for them.

Further, the mental health system is a complex patchwork that is difficult for most people to understand. It is particularly difficult for those people with mental illness to utilize even the limited services that do exist because the system is such a crazy quilt.

ALLOCATION OF MENTAL HEALTH DOLLARS



CURRENT STATE BUDGET CRISIS

The homeless mentally ill get caught between the branches of government, squeezed into conditions of further degradation and dependency. Improvement in the present situation is not likely to take place until responsibility for the seriously mentally ill is fixed at a single level. The state is the most logical level since it has traditionally had that responsibility.

E. Fuller Torrey, M.D.
Nowhere To Go

In 1988, a survey conducted by the Public Citizen Health Research Group and the National Alliance for the Mentally Ill compared and rated state mental health programs. The survey ranked Massachusetts 35th in the country for their ability and commitment in caring for mentally ill people.

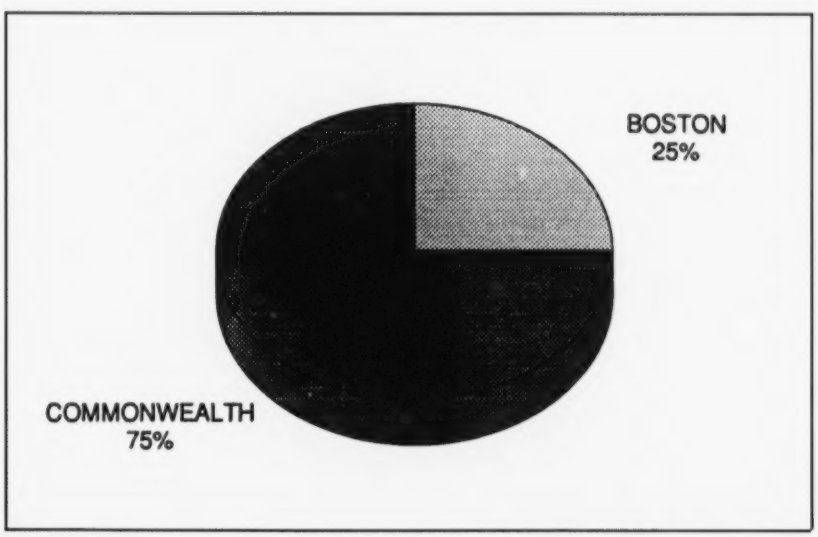
For the past four years, Boston has overcome many obstacles to fulfill its commitment of a shelter bed, a hot meal, transportation and health care to every homeless person in need. However, the current state budget crisis hits the mental health system in Boston so hard that this challenge now appears almost insurmountable.

The numbers are chilling: Already underfunded and understaffed, the Metro Boston Region of the Department of Mental Health has sustained over 9.7 million dollars in funding cuts between July and October 1989. *In human terms, this means that over 4,000 current patients will be left to fend for themselves.*

"The cuts in the Department of Mental Health budget will have a devastating effect on mentally ill people and will undoubtedly cause more of them to become homeless. Shelters which are already overburdened will become unsafe and chaotic, forcing some homeless people to instead choose the streets."

Richard Ring
Pine Street Inn

NEED FOR SERVICES



The State's fragile and imperfect system of mental health services are stretched to the breaking point and are in danger of collapse.

These serious cuts by the State threaten to further destroy the quality of life for persons with mental illness. For example, we can anticipate that fewer people will be treated, fewer community based homes will be created, community support services will be eliminated, and there will be even more homeless mentally ill people on the streets and in shelters.

"More than half of the 520 homeless people that stay at Long Island and Boston City Hospital shelters are overwhelmed with mental health problems that cannot be adequately treated in emergency shelters. It is appalling and tragic to witness this unnecessary pain. The prospect of further cuts in the Department of Mental Health system will bring monumental suffering and death to the most vulnerable people in our society."

Richard Weintraub
Long Island Shelter

SHELTER PROVIDERS ANTICIPATE CONTINUING MENTAL HEALTH CRISIS AND IMMEDIATE WINTER DISASTER

Each winter, the City of Boston has been able to fulfill the pledge that there will be a hot meal, a warm bed, health care, and transportation to shelters for every homeless person in Boston. With the generous commitment of Boston's shelter providers, we are able to commit ourselves to this pledge again even though we face difficult constraints at the hands of the State.

Flynn Administration staff recently met with local service providers to pinpoint and address the needs of the homeless mentally ill community. Adult shelters, which provide service to more than 1,700 people each night, were surveyed about the growing problem of shelters unwittingly becoming de facto mental health facilities.

The survey found that the average number of people seen in the adult shelters and programs each day with mental health problems exceed 60 percent. Shelter providers have seen an increase in the percentage of homeless mentally ill people within the last six months. Increases range between 5 and 10 percent.

The problem of many homeless mentally ill people is further complicated by a dependence on drugs or alcohol. According to the survey, an average of 30 percent of the homeless mentally ill have a problem with drugs or alcohol. This has been a consistent finding over the past few years.

Shelter providers all agree that the state DMH is releasing mentally ill people from mental health facilities without adequate housing or treatment. As a result, many wind up in the streets or shelters. *All* providers agree that those mentally ill people released to the streets were *not* capable of functioning on their own.

The mental health system in our state has for so many people become a revolving door that begins and ends at a homeless shelter.

All service providers surveyed stated that homeless mentally ill people are not provided with adequate outpatient treatment plans. They are not given reliable treatment schedules, adequate housing options, or physical examinations.

Providers were unanimous in stating that it is difficult for homeless mentally ill people to access routine or maintenance level care. Some outpatient clinics are not easily accessible, and there are usually long waiting lists for

treatment. Even when mental health services are readily available, it is difficult for most mentally ill people to utilize them without outreach workers and other support staff.

Many homeless mentally ill are simply left to fend for themselves. Continuity of care is viewed as minimal to nil. There is a lack of communication between hospitals and out-patient services. There is no centralized location for getting information. Appointments are backlogged, with limited doctor/patient involvement. It generally takes more than a week for people to get appointments.

All shelter providers agreed that it is difficult, as well as rare, for patients to gain readmittance to mental health hospitals. People often act out violently or self destructively because of this delay. Only when former patients are suicidal or homicidal is decisive action taken. With adequate and timely care, many of these reactions could be prevented.

Laws governing the involuntary commitment of seriously mentally ill individuals need to be amended in most states. To be admitted now, according to one observer, a "person has to be either killing himself in front of the admitting doctor or trying to kill the admitting doctor." Similarly, laws that enable seriously mentally ill individuals to refuse treatment need to be amended. In both these areas the proposal is not to return to the past, when psychiatrists could unilaterally decide who got hospitalized, for how long, and how they were to be treated. A realistic system is one that would allow for legal representation of patients and their right to appeal. It would counterbalance these rights, however, with the rights of society to treat individuals who need treatment, and it would require continuing treatment where indicated as a condition for the patient to live outside the hospital.

E. Fuller Torrey, M.D.
Nowhere To Go

Lack of placement in housing was a major concern amongst the service providers. Other concerns include: The shortage of quality inpatient care, the lack of continuity of care once a patient is discharged, and the frequency of overmedication or inappropriate medication.

Service providers made the following suggestions to improve the mental health system in Boston:

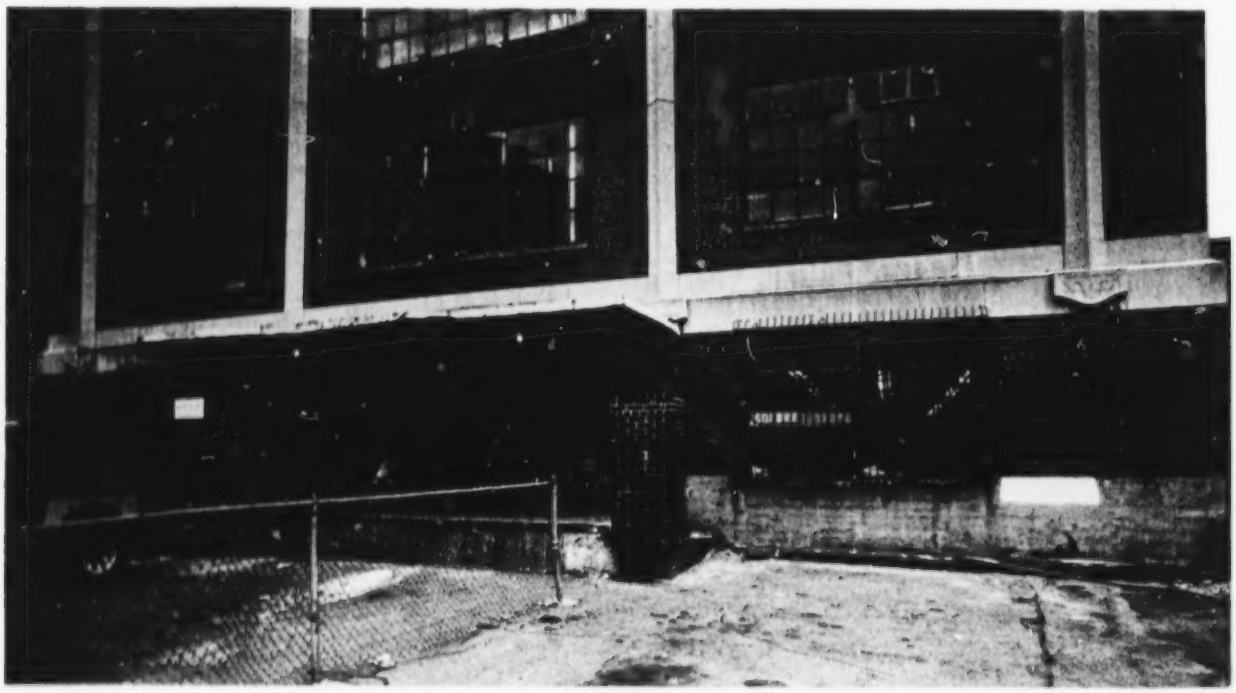
- *"The system needs to be dismantled and revamped — nothing less. This needs to precede even more money being allocated . . . there is presently no accountability."*
- *"There is no program for learning activities such as bathing, shopping, etc. that would enable people to live on their own. There is no central computerized list of DMH clients."*
- *"Permanent housing is needed."*
- *"Instead of making so many referrals, DMH needs to have a more hands on approach."*
- *"Treatment should be equal for the insured and uninsured."*
- *"Restrictive categories (homicidal/suicidal) should be re-examined."*
- *"Budget cutbacks mean more desperation for the homeless mentally ill, more crime, and increased mental health issues. We need all the funding and services we have now and more, not less."*

Woods-Mullen Memorial Shelter at Boston City Hospital

In response to the need for more individual adult shelter space during the Winter of 1988-89, the City of Boston sited 100 overflow emergency beds at the Laundry Building at Boston City Hospital. This shelter has been dedicated in the memory of James Woods and Margaret Mullen who were both homeless people when they died. The facility was closed in the spring for renovations and was reopened in November 1989 to provide year round shelter for 100 men and 60 women. This site will also house the Long Island Shelter Intake Program which screens 360 people every evening. Operated by the Long Island Shelter, the Woods-Mullen Memorial Shelter will provide an array of social services including case management, job counseling, and Alcoholics Anonymous meetings. The location offers working guests easier access to the downtown area and public transportation, as well as allowing shelter access for those who work later hours.

The addition of this new facility is a reflection of the significant commitment that the City of Boston has made to its homeless citizens. A variety of funding sources were accessed to make the new shelter safe and functional for guests. The City of Boston spent $800,000 to install a new Life Safety Components System which includes a fire alarm system, fire safety doors and a sprinkler system. A combination of city ($675,000) and federal ($275,000) McKinney funds were allocated to renovate the facility. Shelter administrators, architects and Boston's Public Facilities Department have worked collaboratively on the planning of the renovations to make the best possible use of the space at Boston City Hospital. This addition will increase the numbers of shelter beds at Long Island and Boston City Hospital to 520. It also allows us to renew our commitment that every homeless person will have a warm bed, a hot meal, and decent health care.

The City of Boston's Woods-Mullen Memorial Shelter at Boston City Hospital



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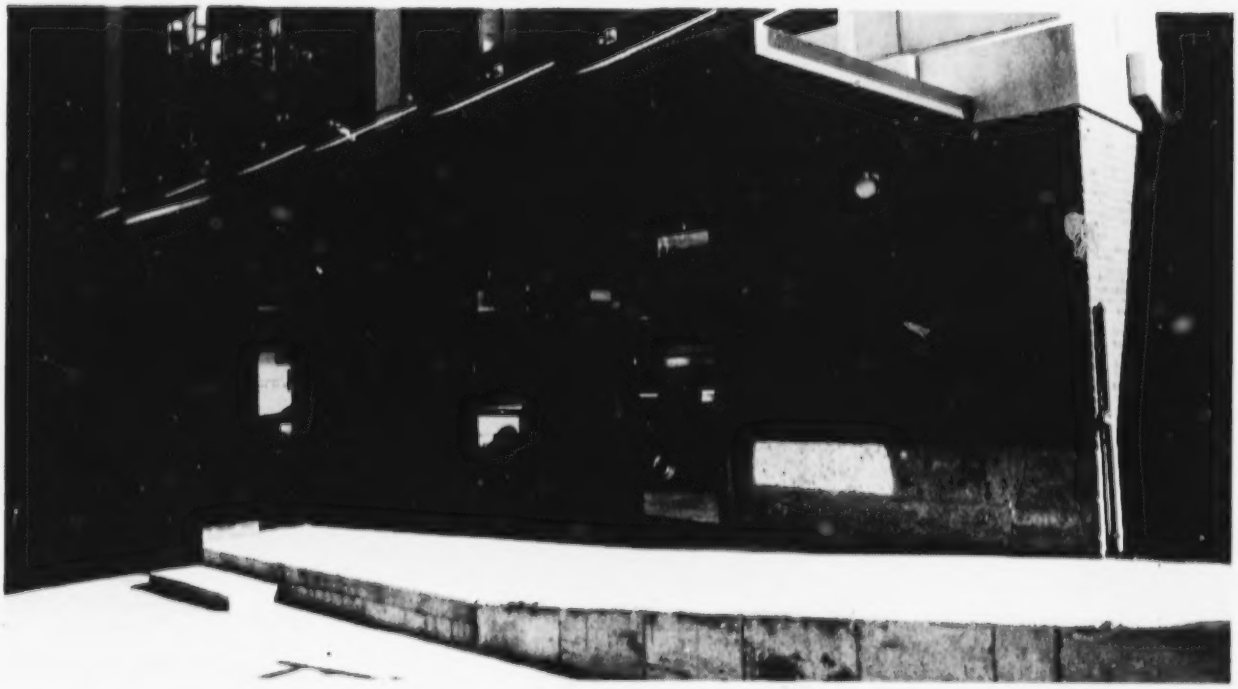

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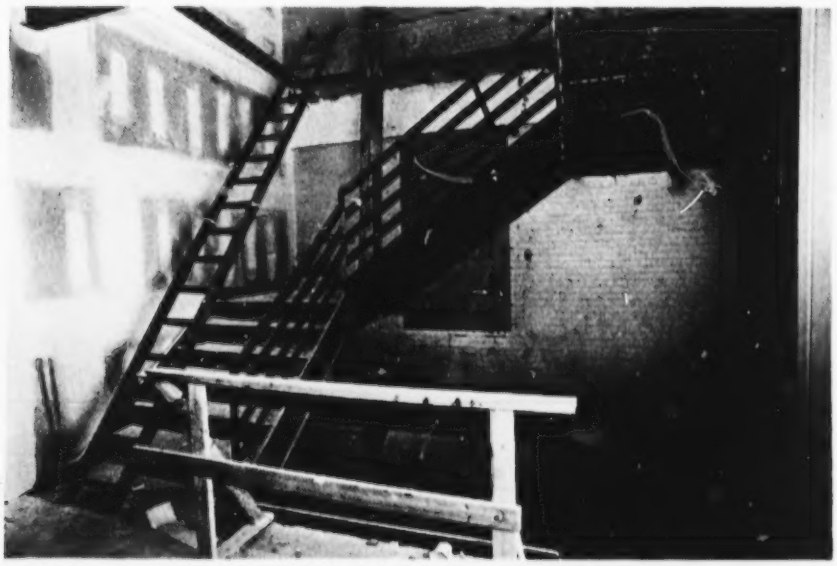

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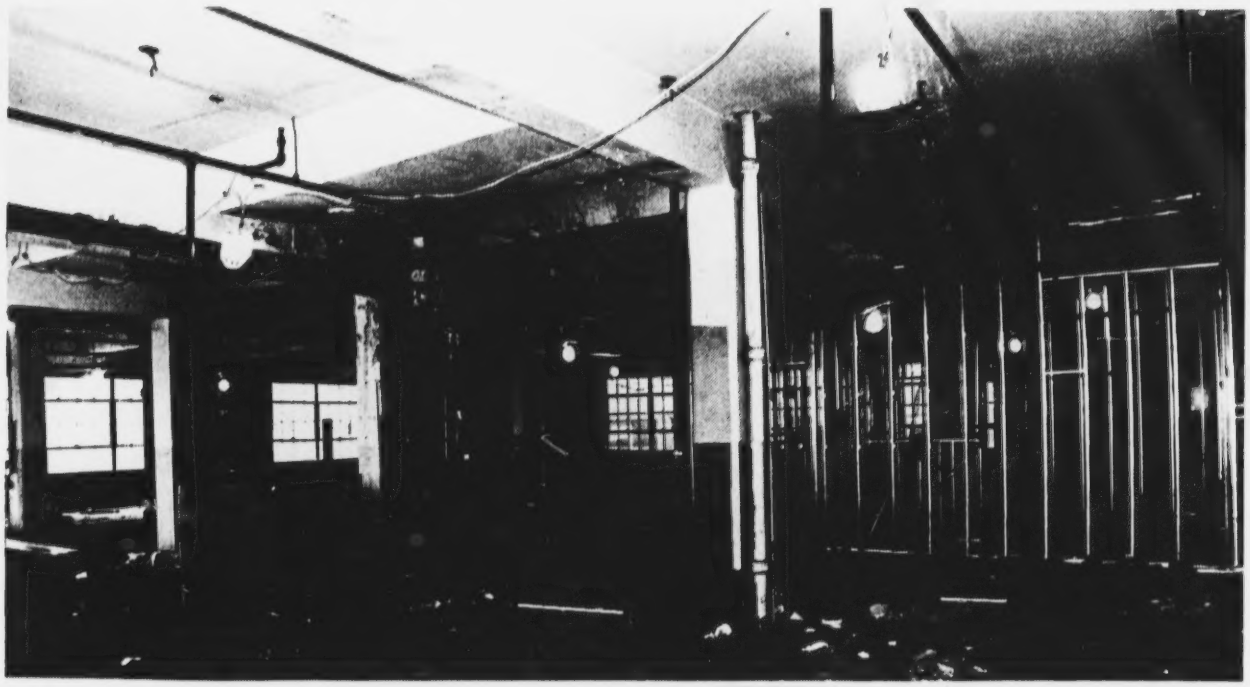
The City of Boston's Woods-Mullen Memorial Shelter at Boston City Hospital



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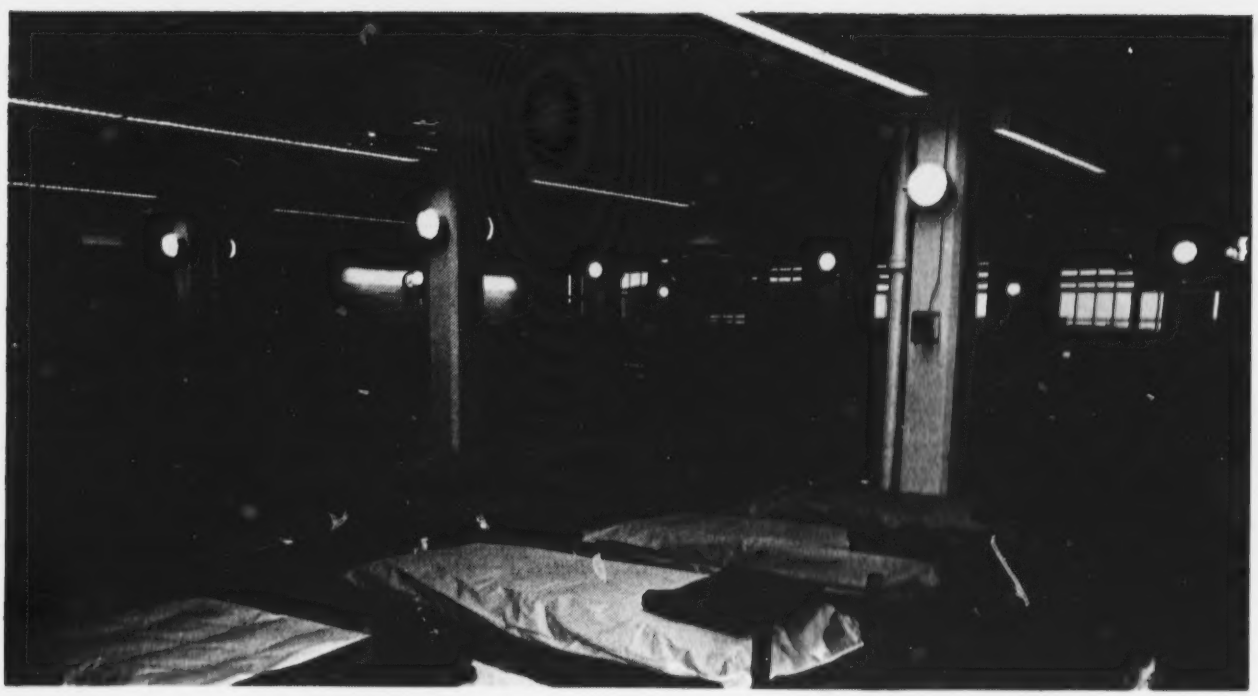

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VI. City Resources for the Homeless

Since 1984, over $63 million have been spent specifically for homeless programs in the City of Boston. City resources alone have totalled over $29 million. These appropriations have leveraged an additional $34 million in state, federal, and private foundation funds. The City's allocations include the following:

CITY RESOURCES FOR THE HOMELESS

1.	DEVELOPMENT AND OPERATION OF LONG ISLAND SHELTER	$ 8,577,476.
2.	DISPOSITION OF CITY-OWNED PROPERTY	$ 4,722,500.
3.	CAPITAL GRANTS FOR DEVELOPMENT	$ 8,136,309.
4.	LOW-INTEREST LOANS FOR DEVELOPMENT	$ 3,703,675.
5.	OPERATING GRANTS FOR SHELTERS	$ 1,356,588.
6.	HEALTH CARE FOR THE HOMELESS	$ 490,000.
7.	HOUSING COUNSELING GRANTS TO NON-PROFIT GROUPS	$ 734,000.
8.	EMERGENCY SHELTER COMMISSION	$ 983,440.
9.	ELDERLY AFFAIRS COMMISSION	$ 612,906.
GRAND TOTAL		$29,316,894.

Long Island Shelter

Boston's Long Island Shelter for the Homeless, the Woods-Mullen Memorial Shelter at Boston City Hospital and the Intake Program are major components of the City's efforts to serve the city's most vulnerable citizens. Long Island Shelter is located on the grounds of the Long Island Hospital. The shelter opened there in 1983 with 100 beds. Today, the shelter serves 360 individuals every night, making it the second largest shelter in Massachusetts. Since January 1984, the city has spent $8.6 million to renovate and operate this facility. The shelter has added several programs in the past year to assist guests in working towards greater self sufficiency. These programs are described later in this report. The Woods-Mullen Memorial Shelter and Intake program are located at Boston City Hospital. Every day they serve as an intake facility for 360 people who will be traveling to the Long Island Shelter.

Disposition of City-owned Property

The Flynn Administration has sold City-owned parcels to non-profit groups for the development of emergency shelters, transitional housing and lodging houses. The total estimated appraisal value of these parcels — sold for as little as one dollar each — is $4,722,500. Groups such as the Friends of Boston's Long Island Shelter and the Paul Sullivan Housing Trust have been transforming empty and vacant properties into much needed shelter and housing. Non-profit groups have met increasing difficulty in purchasing property in the city's real estate market. By foregoing $4.7 million in potential sales revenue, Boston has provided these groups with development opportunities that would otherwise be unavailable.

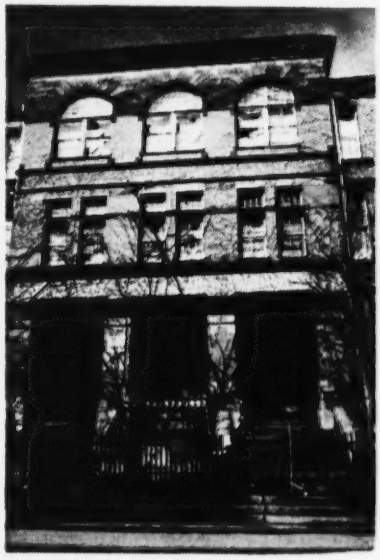
Capital Grants for Development

Numerous non-profit organizations have received capital grants from the City to develop shelters and other facilities to serve the homeless. These funds have been used for construction and rehabilitation. Most recently, the Long Island Shelter received funds to completely renovate a building at Boston City Hospital for a 160-bed shelter facility.

Low-Interest Loans for Development

Many non-profit organizations have received low-interest loans from the city to develop affordable housing for the homeless. In the past year, for instance, the Paul Sullivan Housing Trust has received $1,429,000 in loans to develop 112 permanent units specifically for homeless individuals. This represents a significant increase in the number of affordable units and the amount of funding made accessible to

Bowditch School donated by the City of Boston to the Paul Sullivan Housing Trust to develop housing for 45 homeless people



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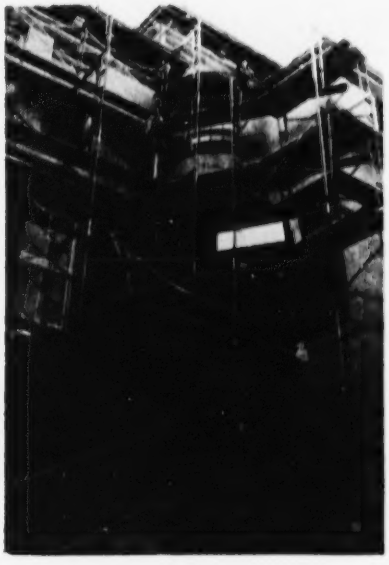

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impact the availability of permanent housing. These low-interest loans allow non-profit agencies to provide housing which they might not be able to develop otherwise.

Operating Grants

Several Groups have received grants to supplement their operating expenses. During these difficult economic times, non-profit organizations have suffered greatly. These funds can mean the crucial difference between a group being able to operate or being forced to close. Since January 1984, the City of Boston has assisted a number of groups with grants totalling $1,356,588.

Health Care for the Homeless

Boston's Health Care for the Homeless Program has provided comprehensive health care services to homeless persons since July 1985. Through the Department of Health and Hospitals, the City has contributed $490,000 to Health Care for the Homeless through in-kind donation of office space and equipment.

Housing Counseling

The City has allocated $734,000 since January 1984 to a variety of neighborhood-based, non-profit programs that provide housing counseling services to homeless persons and others who may be at-risk of losing their housing. These groups work with shelters, community development corporations, anti-poverty agencies and the Boston Housing Authority to help low-income people locate housing. This year, they expect to provide counseling services to 770 households and to place 215 individuals or families in permanent housing.

Emergency Shelter Commission

The Emergency Shelter Commission (ESC) was established in 1983 by an act of the Boston City Council. The ESC serves as the City's liaison with Boston's emergency shelters and homeless advocacy groups.

Pursuant to this purpose, the Commission's goals are:

— Educate the public to the causes of homelessness, the characteristics of the problem and the solutions which will bring dignity to people's lives.

— Structure a planning process to create short and long-term solutions to the homeless problem.

— Collaborate in efforts to plan for additional housing and services.

The Commission is staffed by the executive director, three research assistants and an office manager who are all responsible for implementing the Commission's goals and managing the daily operations of the office.

As its highest priority, the Emergency Shelter Commission provides information and shelter referrals to many homeless families and individuals who are looking for a

"While helping the homeless we should not use a band-aid approach. We should use a holistic approach to get them out of homelessness. Hopefully forever."

— Betty Washington, Administrator Woods-Mullen Memorial Shelter at Boston City Hospital

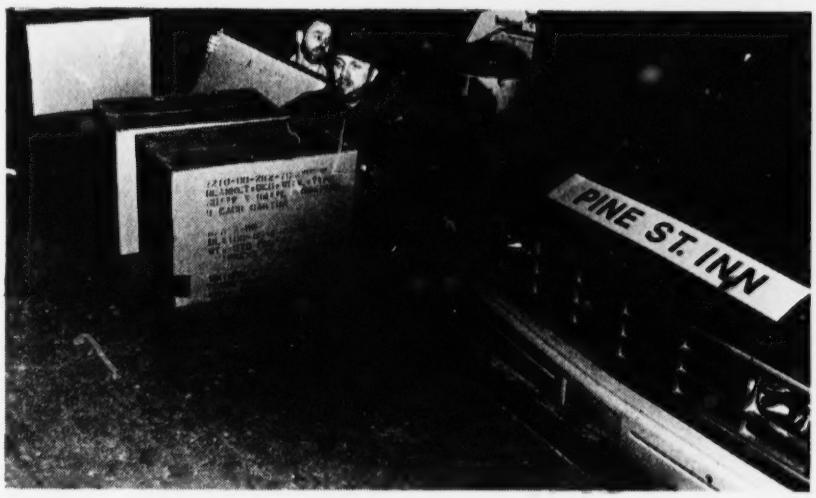
safe place to spend the night. Some people require a simple exchange of information, while others require extensive assistance in obtaining services which they are eligible for or may be entitled to. The ESC also receives calls from concerned citizens who want to donate clothing and household items. They are referred to different homeless services programs. Additionally, people who express a desire to do volunteer work with the homeless are referred to shelters and feeding programs.

Each year the Emergency Shelter Commission staff produces specific projects and reports. One of these projects includes annual participation in a 26-city survey on hunger and homelessness, published by the U.S. Conference of Mayors Task Force on Hunger, Homelessness and Poverty. Mayor Flynn serves as Chair of the Task Force. In 1989 the ESC printed 500 copies of this report for distribution to social service agencies, researchers and other interested groups.

Periodically, the ESC publishes and updates **Shelter Programs and Services,** a guide to emergency services. This brochure serves as an excellent source of information for homeless individuals and families seeking shelter referrals, meal programs, health care services, legal assistance and more. Over 5,000 copies of this brochure have been distributed during the past year to homeless individuals and others interested in homeless services in Boston, including volunteers, research students and social service agencies.

The Emergency Shelter Commission also tracks federal, state and local legislation concerning homelessness and affordable housing. This includes monitoring all potential funding programs and sending this information to service providers through mass mailings. Agencies are assisted by the ESC to procure funding with letters of reference as well as other supporting documents and testimony. Technical help has also been provided to organizations seeking to site and develop a shelter or transitional housing program. The ESC works collaboratively with the Mayor's Office of Neighborhood Services and the Public Facilities Department on the siting process in Boston's neighborhoods. Over the past year, a growing number of developers have contacted the ESC to discuss their ideas for shelters or affordable housing. The ESC has helped them to focus their ideas, assess the feasibility of their project and begin the development process.

While the Emergency Shelter Commission undertakes the publication of resource lists, annual reports and other pertinent projects with regard to homelessness, a variety of special projects are accomplished throughout the year. Biannually, the ESC coordinates the distribution of blankets which are provided by the Department of Defense, free of charge. This year, 30,000 heavy wool blankets were obtained and distributed to shelters statewide.



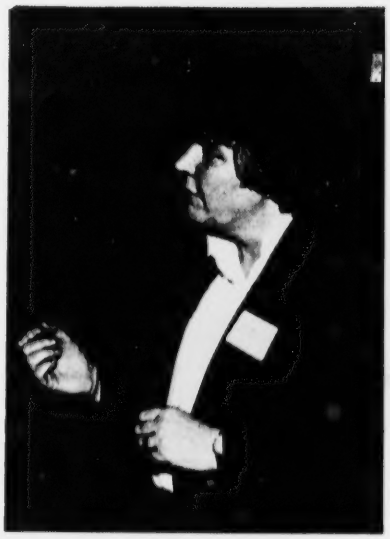
The Emergency Shelter Commission has facilitated the distribution of 30,000 free blankets from the U.S. Department of Defense

The Emergency Shelter Commission also provides a series of free educational workshops to shelter staff and guests. Workshop topics include AIDS Education, Stress Management, CPR, First Aid, Tenant/Landlord Rights, Accessing McKinney Funding and Seizure Training. Service providers frequently request these trainings as guest turnover occurs approximately every three months. During the past year the Shelter Commission provided over 50 workshops to individual shelters and other programs.

One of the most difficult tasks every agency that works with the homeless must face is that of trying to count the homeless population in an accurate manner. The most recent homeless census count took place in December 1988 with the help of 120 volunteers. Equipped with walkie-talkies and placed in teams, volunteers combed the streets in every Boston neighborhood and public area searching for homeless persons. The following morning, phone calls were made to 60 organizations in Boston who shelter homeless people and those numbers were added to the street count. The census count totalled 3,453 homeless individuals, including families with children.

The Emergency Shelter Commission organized a city-wide campaign to inform working families earning less than $18,569 on the Earned Income Credit, a tax refund from the federal government. Collaborating with the IRS, the Mayor's Office of Neighborhood Services, Boston Community Schools and other groups, the ESC organized a major campaign to "get the word out." Throughout the city, workshops were held at prescheduled neighborhood events on the Earned Income Credit. Over 50,000 flyers and 2,000 bilingual posters were distributed through various mailings and announcements. Mailings were targeted toward groups who have contact with poor working families including, food pantries, health clinics, libraries, churches, schools, and neighborhood associations. The campaign successfully publicized the Earned Income Credit, an important source of revenue for low-income working families.

In September 1989, the Emergency Shelter Commission sponsored a two-day conference: "Helping The Homeless: A Skill Building Conference for Administrators and Frontline Shelter Workers." The conference was held at the Boston Public Library. Over 400 participants attended a wide variety of workshops covering topics such as Program Siting, AIDs Education, Fundraising, Death and Dying, Innovating Program Design, Rights of Shelter Guests and many more. Noted Boston writer, Kathleen Hirsch, author of "Songs from the Alley" provided the welcome address. Due to the huge success of this conference, the ESC plans to repeat this program next year.



Ann Maguire, Executive Director of the Emergency Shelter Commission speaks to shelter providers

The Mayor's Advisory Committee on Hunger, staffed by the Emergency Shelter Commission, held a conference in October 1989: "The Changing Face of Hunger: Boston's Fall Hunger Conference." The conference offered the staff and volunteers working in food pantries, shelters, soup kitchens and nutritional outreach programs a vast array of skills building workshops. A resource room was arranged for participants to share and distribute informational materials. The keynote address was given by Dr. Debbie Frank, Director of the Growth and Development Clinic at Boston City Hospital. Dr. Frank spoke on the

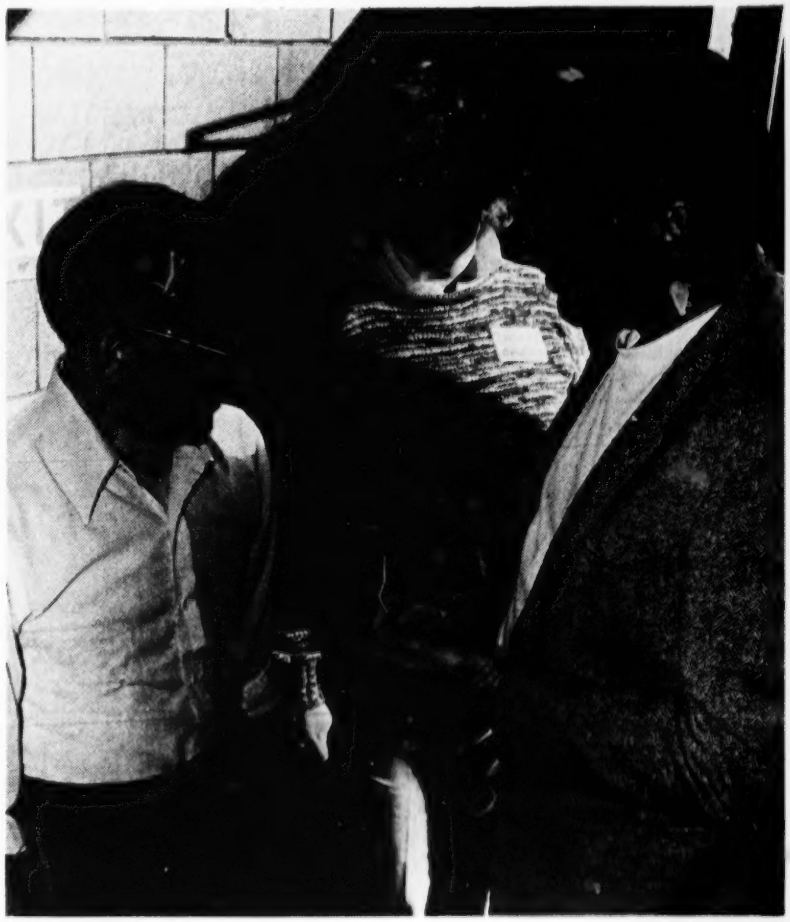
"new faces of hunger," including children, the elderly and the growing number of AIDS patients who rely on emergency feeding programs and food pantries for their daily meals. The conference was very well attended and provided many participants with valuable information to take back to their programs.

The annual Can Share Food Drive was another project the ESC participated in as the primary organizer for all City of Boston employees. During the drive, canned goods were collected in the main lobby of City Hall and tallied each day. With the help of other city departments over 40,000 cans of food were collected and transported for distribution to the Boston Food Bank. The canned goods collected were enough to supply the emergency needs of people seeking help from food pantries for close to nine months.

In June 1989, the ESC, along with the Massachusetts Shelter Providers Association and the Boston Foundation sponsored the first annual commonWORK Award. A dinner and awards ceremony was held at the World Trade Center to honor and celebrate the work done "in common" by all direct care staff for homeless families and individuals throughout the state. Ten emergency shelter workers were given special acknowledgments for their "exceptional commitment to serving, supporting and empowering shelter guests." Robert DiGianni of the Boston City Hospital Shelter and Marguerite Harris, who works at St. Paul's Shelter for women in Dorchester were two of the special award recipients. The City of Boston was proud to participate in this special event.

The Emergency Shelter Commission assisted Project Bread with the 1989 Walk for Hunger by staffing information tables in the City Hall Lobby throughout the week preceding the event. Additionally, the Shelter Commission provided information on the Walk for Hunger to all City of Boston employees via a special outreach effort.

During the past year, the Emergency Shelter Commission has worked closely with the Boston Society of Architects to develop a resource guidebook for non-profit organizations seeking to establish facilities for the homeless. The primary goal of this



Mayor Flynn talks with two members of the Emergency Shelter Commission, Michael McGuire and Barbara Blakeney

collaborative effort was to create a resource guide which offers practical information and advice on development issues relating to transitional programs, permanent housing sites, drop in centers, food kitchens, health care centers, and more. The information provided is intended to streamline the development process for those organizations. In November 1989, 6,000 copies of the guidebook were distributed to design professionals from the New England area at the "Build Boston" exhibit. All Boston area service providers, shelters and food pantries received copies of the resource guidebook.

Elderly Affairs Commission

Boston's Elderly Affairs Commission funds a variety of programs serving homeless elders. They also fund programs which provide services to elders who are at risk of losing their homes. Since many elderly people are living on fixed incomes, they are extremely vulnerable when it comes to the high cost of housing. This year, $344,100 was allocated to address these needs.

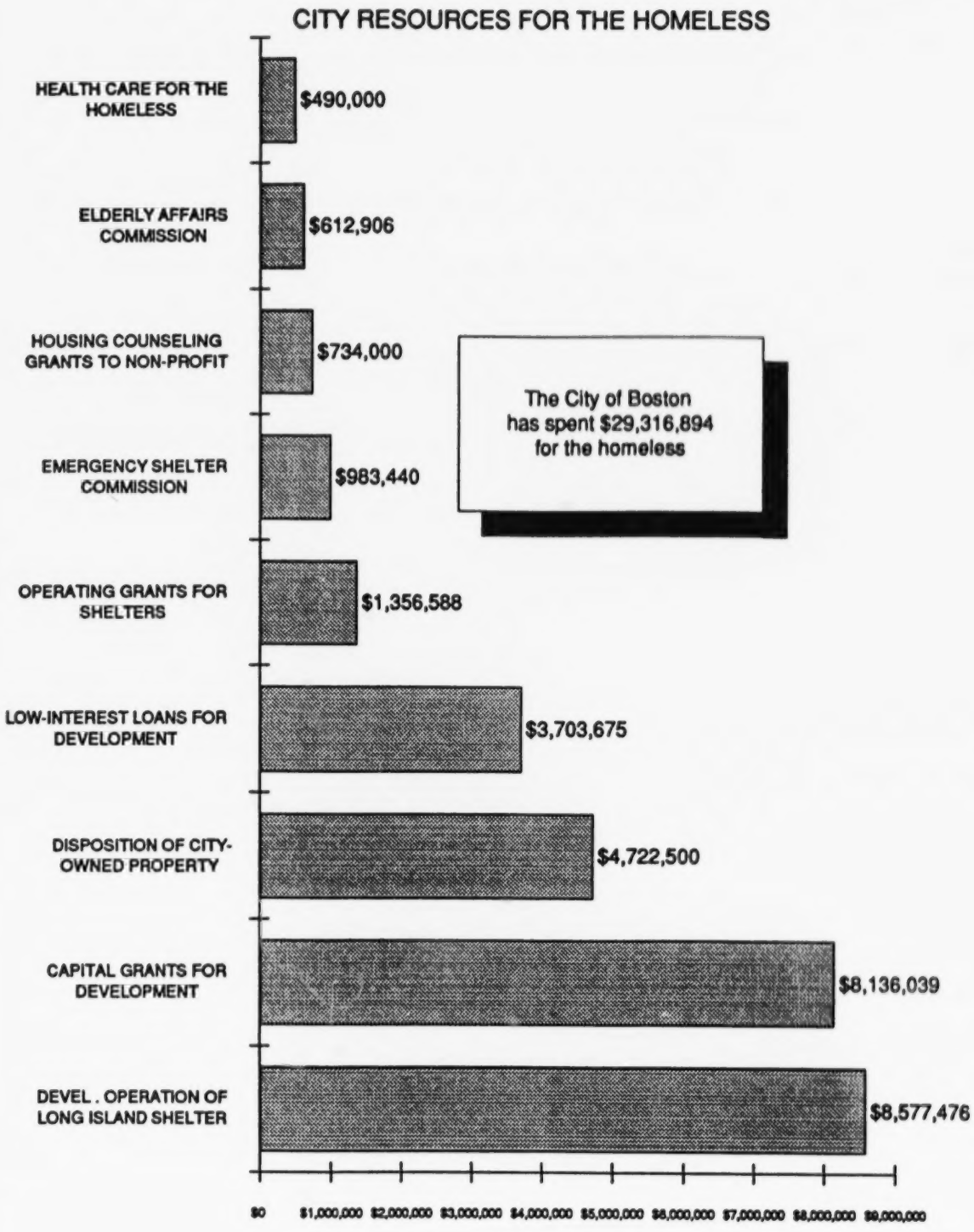
The Elders Living-At-Home Program at University Hospital received a $15,000 grant. This program offers six-month transitional housing and support to homeless elders who have both medical as well as social needs. Participants in the Living-At-Home Program are moved into permanent housing after the six-month transition period.

Greater Boston Elderly Legal Services received $184,700 from the Elderly Affairs Commission this year. Though they provide a variety of legal services to elders, a major portion of this grant will fund housing advocacy to prevent homelessness amongst our elders.

Boston Aging Concerns (BAC) provides tenant organizing and advocacy services for elders living in rooming houses. This year, BAC received a grant of $4,400 to supplement the salary of a tenant organizer who helps people living in rooming houses to remain there. These funds will also assist with a program to coordinate the renovations of another rooming house which will house more homeless people.

The Kit Clark Senior House nutrition program received a grant of $75,000 and the Council of Elders received $45,000 to serve meals to elders in need. Without these services, many elders in Boston would not have access to nutritious meals nor be able to afford them.

Elders at risk of being legally evicted from their homes due to code violations are now being referred to a program at the Ecumenical Social Action Committee (ESAC) in Jamaica Plain. ESAC is offering low cost repairs and other structural assistance to these elders in an effort to avoid further legal proceedings and hence, help keep people in their current housing. ESAC received a grant of $20,000 from the Boston Elderly Affairs Commission for this prevention oriented program.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City Resources for the Homeless

1. Long Island Shelter

AGENCY	SHELTER TYPE	AMOUNT	STATUS
CITY OF BOSTON	ADULT SHELTER	$8,577,476	COMPLETE

2. Publicly owned Buildings and Land

AGENCY	SHELTER TYPE	AMOUNT	STATUS
ELIZABETH STONE	TRANSITIONAL	$17,000	COMPLETE
FINEX	BATTERED AND HANDICAPPED WOMEN	$40,000	COMPLETE
FAMILY HOUSE	TRANSITIONAL	$30,000	COMPLETE
ROSIE'S PLACE	SHELTER	$352,000	COMPLETE
BOSTON AGING CONCERNS	LODGING HOUSE	$800,000	COMPLETE
CASA ESPERANZA	DETOX	$64,500	COMPLETE
SECOND HOME	TRANSITIONAL	$90,000	COMPLETE
HOMELESS WOMEN'S HOUSING INITIATIVE	TRANSITIONAL	$50,000	CONSTRUCTION
VETERANS BENEFITS CLEARINGHOUSE	LODGING HOUSE	$100,000	PRE CONSTRUCTION
PROJECT FAMILY INDEPENDENCE	CO-OP/DAY CARE	$33,000	DESIGNATED
HELEN MORTON CENTER	TRANSITIONAL	$2,800,000	DESIGNATED
BOWDITCH SCHOOL	LODGING HOUSE	$286,000	CONSTRUCTION
FRIENDS OF LONG ISLAND SHELTER	TRANSITIONAL	$60,000	DESIGNATED
SUBTOTAL		**$4,722,500**	

3. Capital Grants for Development

AGENCY	SHELTER TYPE	AMOUNT	STATUS
AGNES OWENS/ CAPE VERDEAN	FAMILY SHELTER	$42,000	COMPLETE
ELIZABETH STONE	TRANSITIONAL	$170,000	COMPLETE
ELIZABETH STONE	WOMEN IN CRISIS	$42,413	COMPLETE
FINEX	HANDICAPPED	$40,000	COMPLETE
HOPE HOUSE	DETOX	$177,868	COMPLETE
HORIZONS	TRANSITIONAL	$120,000	COMPLETE
PAUL SULLIVAN TRUST	LODGING HOUSE	$55,000	COMPLETE
PROJECT PLACE	DAY PROGRAM	$90,000	COMPLETE
SHELTER, INC.	FAMILY SHELTER	$17,165	COMPLETE
YMCA	FAMILY SHELTER	$50,000	COMPLETE
DMH/MORRIS BUILDING	DUAL DIAGNOSIS DETOX	$237,361	COMPLETE
BOSTON AGING CONCERNS	LODGING HOUSE	$255,000	COMPLETE

CASA ESPERANZA	DETOX	$158,500	COMPLETE
CASA MYRNA VAZQUEZ	TRANSITIONAL	$56,080	COMPLETE
FIRST, INC.	DETOX	$107,802	COMPLETE
WOMEN, INC.	DETOX	$91,870	COMPLETE
VICTORY HOUSE	DETOX	$15,750	COMPLETE
PAUL SULLIVAN TRUST	LODGING HOUSE	$140,000	COMPLETE
GREATER BOSTON YMCA	FAMILY SHELTER	$50,000	COMPLETE
INTERIM HOUSE	ALCOHOLIC REHAB	$27,000	COMPLETE
BOSTON CITY HOSPITAL	ADULT SHELTER	$1,475,000	COMPLETE
GAVIN HOUSE	ALCOHOLIC REHAB	$37,500	COMPLETE
BOSTON HAMILTON	ALCOHOLIC REHAB	$30,000	COMPLETE
OPERATION FOOD	TRANSITIONAL	$150,000	CONSTRUCTION
HELEN MORTON CENTER	TRANSITIONAL	$4,500,000	DESIGNATED
SUBTOTAL		**$8,136,309**	

4. Low-Interest Loans

AGENCY	SHELTER TYPE	AMOUNT	STATUS
ELIZABETH STONE	TRANSITIONAL	$91,500	COMPLETE
PAUL SULLIVAN TRUST	LODGING HOUSE	$79,175	COMPLETE
PAUL SULLIVAN TRUST	LODGING HOUSE	$70,000	COMPLETE
BOSTON AGING CONCERNS	LODGING HOUSE	$390,000	COMPLETE
COUNCIL OF ELDERS	LODGING HOUSE	$185,000	CONSTRUCTION
CASA MYRNA VAZQUEZ	TRANSITIONAL	$60,000	COMPLETE
300 SHAWMUT AVENUE	LODGING HOUSE	$147,000	COMPLETE
PAUL SULLIVAN III	LODGING HOUSE	$219,000	COMPLETE
PAUL SULLIVAN VI	LODGING HOUSE	$255,000	CONSTRUCTION
PAUL SULLIVAN VII	LODGING HOUSE	$270,000	CONSTRUCTION
BOWDITCH SCHOOL	LODGING HOUSE	$685,000	CONSTRUCTION
FRIENDS OF SHATTUCK	LODGING HOUSE	$198,000	CONSTRUCTION
WORCESTER HOUSE	LODGING HOUSE	$400,000	CONSTRUCTION
523 MASSACHUSETTS AVENUE	LODGING HOUSE	$292,000	CONSTRUCTION
COUNCIL OF ELDERS	LODGING HOUSE	$362,000	CONSTRUCTION
SUBTOTAL		**$3,703,675**	

5. Operating Grants

AGENCY	SHELTER TYPE	AMOUNT	STATUS
HORIZONS	TRANSITIONAL	$167,700	COMPLETE
PLACE RUNAWAY	TEEN SHELTER	$45,000	COMPLETE
ST. FRANCIS HOUSE	DAY PROGRAM	$495,100	COMPLETE
PROJECT HOPE	FAMILY SHELTER	$122,210	COMPLETE
CROSSROADS	FAMILY SHELTER	$49,000	COMPLETE
RMSC FAMILY HOUSE	FAMILY SHELTER	$16,000	COMPLETE
MASS. COALITION	WAREHOUSE	$16,000	COMPLETE
MY SISTER'S PLACE	ADVOCACY	$40,368	COMPLETE
CASA MYRNA VAZQUEZ	TRANSITIONAL	$25,629	COMPLETE
CENTER HOUSE	DAY PROGRAM	$30,000	COMPLETE
ELIZABETH STONE HOUSE	TRANSITIONAL	$50,000	COMPLETE
HARBOR LIGHT CENTER	ADULT SHELTER	$30,000	COMPLETE
TRAVELERS AID SOCIETY	CRISIS INTERVENTION	$28,781	COMPLETE
SUBTOTAL		**$1,356,588**	

6. Health Care for the Homeless $490,000

7. Housing Counseling

CASA MYRNA	$20,000
UNITED SOUTH END SETTLEMENTS	$135,000
ROXBURY MULTI-SERVICE CENTER	$140,000
BOSTON AGING CONCERNS	$130,000
BOSTON INDIAN COUNCIL	$21,000
CAPE VERDEAN COMMUNITY CENTER	$30,000
NEIGHBORHOOD OF AFFORDABLE HOUSING (NOAH)	$105,000
OFICINA HISPANA	$105,000
URBAN EDGE	$48,000
SUBTOTAL	**$734,000**

8. Emergency Shelter Commission $983,440

9. Commission on Elderly Affairs $612,906

GRAND TOTAL **$29,316,894**

VII. COMPREHENSIVE POLICIES AND PROGRAMS

HOMELESSNESS: A NATIONAL PROBLEM

Homelessness, particularly during the hard times of economic recession, has long been an unfortunate part of the American landscape. As the recent events of Hurricane Hugo and the San Francisco earthquake point out, homelessness also happens in the wake of unpredictable and devastating disaster which does not recognize boundaries of gender, race or class.

Homelessness is not caused primarily by cataclysmic disruptions, however. The homelessness which destablizes families and is both the product of and an influence on regional economies, is most often the insidious result of national policies which do not put the least among us — the handicapped and disabled, new immigrant populations, the working poor, and single-parent households — before us all, as our greatest priority.

While many Americans view the Reagan era as a period of economic expansion and recovery, a closer examination of where we are at the end of the decade suggests otherwise for a large segment of the population. The rapid increase in homelessness during the past decade undermines the national confidence in "trickle down" economic theories and our understanding that a "rising tide lifts all boats." Instead we find that many Americans are simply not in the boats.

Equally troubling is the changing face of homelessness. As you will read in the following pages, the fastest growing segments of the homeless population are the working poor, families with children, and Vietnam veterans. For many, the loss of affordable housing proclaims their entry into an inhumane cycle of job instability and, for children, the end of meaningful educational opportunities. Does the lack of federal support for local initiatives to end this spiral of economic violence mean that we are to raise a generation of citizens doomed to repeat the sufferings of an ill-conceived history?

This decade's surge of homelessness reaching into the hearts of the American family structure challenges the conscience of this nation — and the City of Boston. The federal government has dropped the challenge on the doorsteps of city halls across the country and Boston residents have risen in humane response. A partnership of City government and non-profit organizations, working with concerned private foundations, the state government and others, have stretched their resources to address the housing needs of the homeless. Housing is often only the first step in getting life back in control. The City of Boston, also emphasizes the health care, social service, and other needs of the homeless in our midst.

Between 1984 when Ray Flynn took over as Mayor of Boston and today, the City of Boston has committed a total of $29.3 million to homeless programs. On a per capita basis that is one of the highest allocations of any major city in this country. Moreover, these funds have leveraged an additional $34 million in private sector, foundation, and other government support.

Perhaps most heartening of all has been the response of private individuals who will not allow the tragedy of homelessness to continue in their city. Unfortunately, the commendable volunteer spirit of our city's many non-profit groups is stymied by a lack of resources to meet the growing need.

When homelessness is caused in the wake of natural catastrophe, federal dollars flow in to meet widely publicized need. When homelessness grows silently in the cities across the country without an event to call out the press corps, the federal government leaves needs largely unmet.

After suffering through eight years of brutal federal cutbacks under the Reagan administration, housing advocates scored a significant victory. Mayor Flynn, as chair of the U.S. Conference of Mayors Task Force on Hunger and Homelessness,

worked with a coalition of advocates including the National Coalition for the Homeless and the National Low-Income Housing Coalition to raise U.S. consciousness to the plight of hundreds of thousands of Americans who live without homes. He has also worked to encourage Congress to address the issue.

The first significant piece of legislation to address homelessness, named for Connecticut Representative Stewart B. McKinney, was passed in June of 1987. In the first three years after its passage, Congress authorized over $1 billion in McKinney Act funds for housing, health care, and social services for the homeless — but appropriated only $700 million. In its last year, the Reagan administration sought to cut McKinney funds. In FY 1989, Congress authorized $633.8 million and appropriated only $377.8 million. Congress authorized $682.8 million for FY 1990.

As this report makes clear, the Flynn administration has worked hard to assure that Boston's non-profits receive significant streams of McKinney Act funding. So far homeless programs in Boston have been awarded $6.5 million in McKinney fund support. Unfortunately, the impact of McKinney funds have been more than offset by the federal government's cutbacks for housing assistance for the poor. While the McKinney program can help cities to meet the immediate needs of our homeless citizens, without a comprehensive federal housing and anti-poverty program, the need will continue to grow.

THE HOMELESS: HOW MANY? WHO? WHY?

It is difficult to accurately estimate the number of homeless individuals in the United States — figures range from 250,000 to two million. A 1988 survey conducted by Mayor Flynn's U.S. Conference of Mayors Task Force on Hunger and Homelessness found that demand for emergency shelters in cities rose by approximately 20 percent each year in 1986, 1987, and 1988.

A 1987 survey found that the rates of homelessness among families increased by 31 percent over two years. Almost 25 percent of those who were homeless worked — but did not earn enough to keep a roof over their heads.

In Boston, there may be as many as 3,500 individuals who make their homes in shelters, on the streets, in cars, in abandoned buildings, or shuttling between the couches and floors of friends' homes. What is clear is that the numbers have risen steadily through the 1980s. What is also clear is that our image of the homeless person — a middle-aged, transient man, beaten by alcoholism or drug abuse — no longer holds. Today, the homeless are a diverse popu-

"Homelessness is still a product of the absence of affordable housing, which is a product of nearly 80 percent cuts to the federal housing budget. Without restoration of those funds we are still chasing our tails and the problem gets worse."

— Mitch Synder
Community for Creative Non-Violence
Washington, D.C.

lation. Some are loners, some are mentally ill or alcoholic. Many are working mothers and their children, many are immigrant families. The homeless come from all ages, races, genders, and stations of life.

There are three primary causes of homelessness in the 1980s. Each stems from a failure of federal policy.

Housing Cutbacks

The federal government has dismantled national housing programs. The HUD budget for assisted housing stood at $33 billion when President Reagan took office and less than $8 billion when he left. Today, HUD attempts to provide housing relief. HUD programs represented approximately 7 percent of the total federal budget and subsidized as many as 300,000 housing units in 1978. This year, HUD represents approximately one percent of our federal budget and will subsidize no more than 15,000 new, affordable housing units. An additional concern is that two million units of federally subsidized, privately owned units of housing built in the 1960s and 1970s face the expiration of their subsidies. Landlords will no longer need to maintain units at their current affordable prices, however, local legislation has slowed the conversion of rental properties into condominiums. The 1986 Tax Reform Act aggravated this situation by removing most incentives for producing and preserving low-income housing.

Increasing Poverty

About 33 million Americans live below the federal poverty line. That represents an increase of more than three million poor since 1980. The gap between rich and poor has widened beyond that experienced in the tough post-war years. And, our poor are poorer than they ever have been before. The same federal policy outlook which allowed housing subsidies to be cut despite growing demand for affordable shelter, mandated cuts in the "safety net" of a wide variety of health care and social service programs. Without that safety net more families and individuals faced additional economic burdens which, ultimately, would make their housing unaffordable. The Center on Budget and Policy Priorities attributes the growing number of poor Americans to federal cutbacks in housing, job training, food stamps, health care, nutrition and other programs including Aid to Families with Dependent Children (AFDC) — a state program matched by federal dollars. The loss of the benefits from any one of these programs could eventually mean homelessness to countless individuals living on the edge in this country.

"Nothing has a greater call on our love and sense of justice than a mother huddled with her kids — homeless and hungry. Please – in God's name — help."

— Father Bernard McLaughlin, Chairman Emergency Shelter Commission

Deinstitutionalization

A substantial number of homeless persons are the victims of a shortsighted federal move under the Nixon White House to "deinstitutionalize" the mentally ill. Without adequate resources to site, build, and staff community-based facilities to help to rehabilitate and care for these individuals, they have ended up on the streets of America's cities. From 1963 to 1989, the number of individuals who live in facilities for the mentally ill declined approximately 70 percent, yet there is no indication that there are fewer mentally ill persons. Shelters have been forced to become de facto mental institutions. A recent survey of adult shelter providers in Boston indicates that over half of the clients of shelters are mentally ill. Understaffed, underfunded, and inexperienced in the needs of this community, shelters have done all that they could with the burden. The effects on shelter staff and the clients of shelters seeking to piece back their lives has been destructive. "Burnout" runs high among staff, and clients who would be well-served by shelters avoid them for issues of health and safety stemming from the numbers of mentally ill housed there.

"Our goal is **not** *better shelters and soup kitchens. It's to eliminate the* **need** *for shelters and soup kitchens."*

— Raymond L. Flynn,
Mayor
City of Boston

A THREE-PART APPROACH

When Mayor Flynn took office in 1984, issues of homelessness had not yet captured the attention of the American public. A major platform of his campaign, however, was a vision of an integrated Boston society in which the poor and working families of Boston's outlying neighborhoods would be included in the prosperity of the downtown economic boom. Naturally, this carried significant ramifications for the homeless.

As a member of the Boston City Council, Ray Flynn sponsored legislation to create the Emergency Shelter Commission, a City agency which would coordinate efforts to assist the homeless. As Mayor, he increased support for the Emergency Shelter Commission and made secure, affordable housing a central theme of City policies and priorities.

To adequately address the myriad issues of homelessness, the City of Boston follows a three-part approach. First, the basic housing, food, health care, and social service needs of the homeless must be met. Second, policies must be designed and programs implemented which recognize the diversity of the homeless population and seek to address the root causes of homelessness before crises occur. Third, the public at large must be better informed about the plight of the homeless and the failed social and economic policies which have caused their distress.

By seeking to meet the basic needs of the homeless, despite limited resources, the City of Boston guarantees that no resident of this City is condemned to live without dignity and respect. A key component to helping the homeless is the community. Mayor Flynn has repeatedly called on the volunteer spirit and good will of the people of Boston as he seeks additional locations for homeless shelters and services. The economics of the bricks and mortar issues is only the beginning. Communities must make room for the homeless in their midst and may even be called to the inspirational work of helping a homeless family or individual back onto his, her, or their feet. By working closely with neighborhoods, the Flynn Administration has been able to site homeless programs in a way that respects both the dignity of the homeless and integrity of the neighborhoods. This first step addresses only the symptoms of the critical social and economic issues that surround homeless populations.

If we stereotype the homeless, we will inevitably fail to meet their needs. The homeless are not a monolithic group. They reflect the diversity of the City itself. If we see the homeless as middle-aged males with substance abuse and mental health problems,

"Nowhere is the tragedy of homelessness more vividly seen than in the curious eyes of children living in shelters and hotels. I fear that their chances for achieving some sort of stable life, let alone the American dream, will diminish without all of our help."

— Jean Molloy,
Family Nurse
Practitioner
Boston Health Care
for the
Homeless

our policies may neglect to provide, for example, the child care facilities that will help a homeless working mother to maintain her job while looking for safe and affordable housing. By stereotyping the homeless and their needs we may overlook the creative solutions which are our only hope of reversing the continuing tide of homelessness in cities throughout the country.

The Flynn Administration has striven to go beyond basic shelter needs. It has designed diverse policies and programs that help the homeless back into the mainstream — programs such as transitional housing, job training, and health care services. Our goal is that each homeless individual in the City gets the respectful service necessary to become self-sufficient and independent again. While we have yet to meet this goal for all the homeless individuals in the City, the Flynn administration has developed model programs that can be expanded if adequate resources become available. Because homelessness is fundamentally caused by economic disparity within our society, it cannot be solved without money.

Finally, the resolution of homelessness falls to the public — a compassionate public, a public educated about the facts of the root causes of homelessness, a public committed to helping the homeless and the poor within their midst and committed to electing officials who will make a difference. For the scourge of homelessness to end in this society, the public must exert pressure on elected officials to mobilize sufficient support to solve the root causes of homelessness. The solution lies well beyond the resources of one city government. The solution requires decisive action on the part of the state and federal government, and the private sector. Mayor Flynn continues to push issues of homelessness to the top of the political agenda in the State House and in Washington.

Mayor Flynn congratulates Peter Cavicchi, Assistant Director of the Long Island Shelter, on a job well done

Transitional Housing

Transitional housing is the intermediary step between shelters and permanent housing. It is designed to help homeless individuals back onto their feet. It provides them with a stable base from which to become self-sufficient and independent once again. It combines aspects of independent apartment living with a wide variety of support services — child care facilities, job training, counseling, and others. It is our greatest weapon to reverse the "feminization of poverty." Because working women with children are the fastest growing ranks of the

homeless and because their unstable housing situation has a multigenerational impact, homeless, working women must be the focus of our most concerted efforts to stem the tide of homelessness.

The Flynn Administration has taken an active lead in the development and maintenance of transitional housing. It has provided City-owned land and buildings to site programs. It has provided grants to help non-profit, community-based organizations design transitional housing programs. It has provided operating funds to the ongoing efforts of transitional housing programs.

Mayor Flynn, through his role as chairman of the Hunger and Homelessness Task Force of the U.S. Conference of Mayors, is working hard to ensure that significant McKinney funds are targeted for transitional housing programs. In Boston, Bridge Over Troubled Waters established the Bridge-Eliot Complex with this federally mandated assistance.

Bridge Over Troubled Waters Transitional Housing Program: The Bridge-Eliot Complex Before Renovations

Bridge-Eliot Complex: Completed Renovations

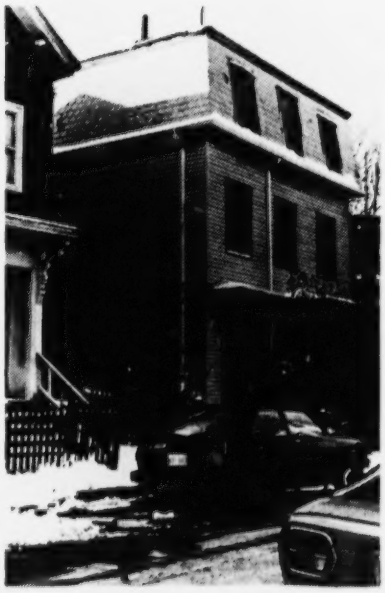
Lodging Houses

Lodging houses or single room occupancy (SRO) housing are a vital component of low-income, urban housing. Many elderly people on fixed incomes, young people starting out, newcomers to the city or country, and people in transition rely on safe, clean, and affordable rooms to let. For many people, an affordable room is the only roof that they can afford, and only type of housing that stands between them and homelessness.

In the 1950s Boston had 25,000 licensed lodging house rooms across the City. By 1968 just 9,500 rooms remained. When the City's Elderly Affairs Commission conducted a study in early 1985, the stock of SRO housing has plummeted to just 243 licensed houses, or 3,310 rooms.

The rapid pace of gentrification and condo conversion that is changing the face of many of Boston's previously affordable neighborhoods, is putting many long-term residents into the streets. Without federally supported social services safety nets, their lives are in crisis.

Lodging houses often provide transitional housing for battered women, alcoholics, the chronically mentally ill, and elders. Many non-profit agencies look toward lodging houses for their clients with special needs.



The site of the Friends of Long Island Shelter new transitional housing program. Photo by Bill Allan. Courtesy of the Jamaica Plain Citizen.

In 1986 Boston enacted a law to protect the remaining inventory of SRO houses. Under this law, SROs cannot be converted to other uses without first obtaining a permit from the Boston Rent Equity Board. The law has already gone a long way to dampen the speculative sale of lodging houses and has made it possible for several non-profit organizations to purchase these buildings for their low-income clients.

The Flynn Administration is working to preserve the remaining lodging houses in the City and implementing policies which will encourage the creation of new lodging houses. Preservation and creation efforts go hand in hand. Because of Mayor Flynn's efforts, there is renewed efforts on the part of for-profit real estate owners in retaining and/or developing lodging for low income, working people.

Safeguarding and Increasing Affordable Housing

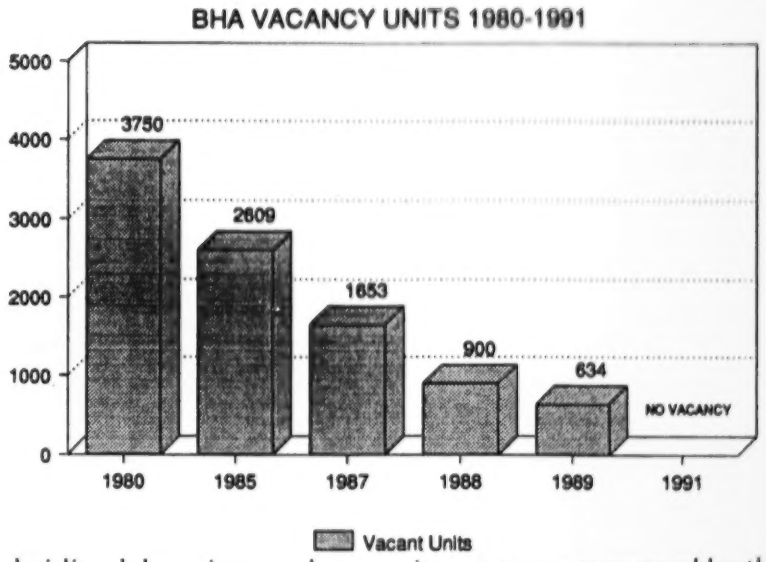
The shortage of decent, affordable housing is the primary cause of homelessness. The Flynn administration has developed a comprehensive housing policy designed to protect, preserve, and produce affordable housing. The almost total absence of the federal government from this effort has made this task overwhelmingly difficult, but the City has maximized every resource at its disposal to proceed toward these goals.

Since Ray Flynn took office in 1984, the City of Boston has significantly strengthened laws designed to protect renters from unjust rent increases, evictions, and condo conversions. In 1988, the City expanded its permit system to include most of the absentee-owned rental housing in the City. The City of Boston now has the authority to regulate the conversion of apartments into condominiums, a trend which had changed the level of affordability of nearly 25,000 units of housing in the City of Boston alone.

No absentee landlord can now convert his or her rental property to condominiums without first going through a Rent Equity Board permitting process and without the support of at least half of the tenants of the building. Renters who do not wish to leave their homes when a building is converted to condomimiums can now no longer be evicted.

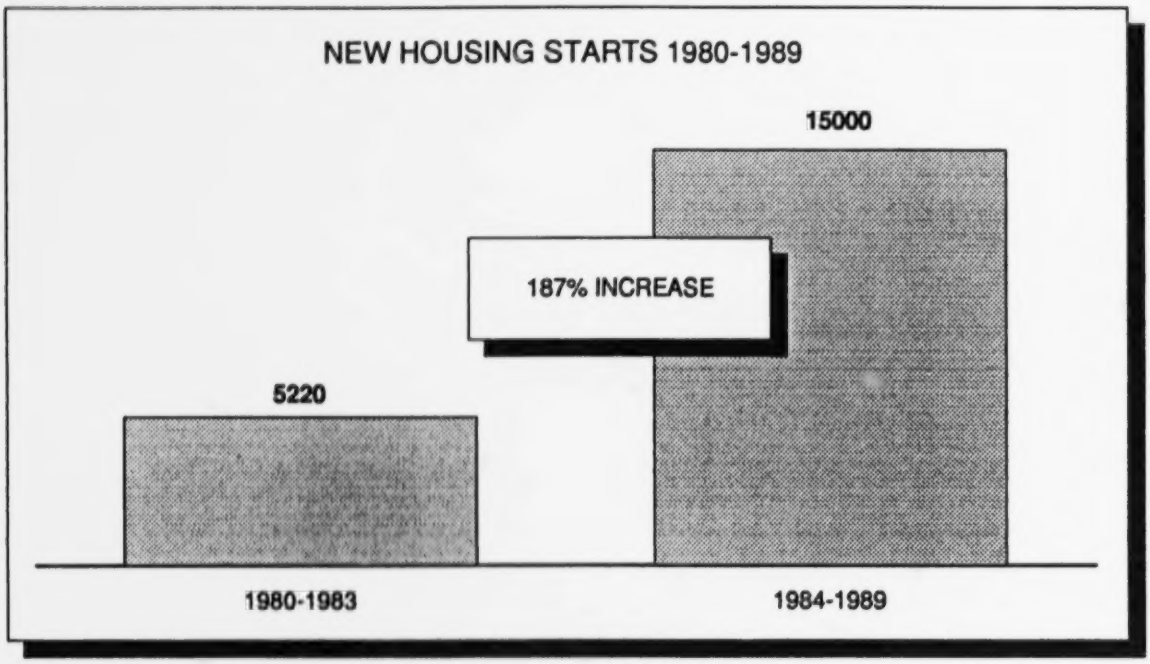
Boston residents are now also protected from skyrocketing rents. Under new tenants' rights laws, rental increases for apartments occupied by elderly, low-income, and handicapped tenants cannot exceed the Consumer Price Index. For all other renters, there is a 10 percent annual cap on rent increases.

Since coming to office, Mayor Flynn has also signed a law to extend tenants rights in Boston's 10,000 units of subsidized housing endangered as a series of twenty-year, below-rate mortgages approached their end. Many Boston subsidized buildings erected in the 1960s and 1970s under a variety of federal housing programs face the possibility of becoming market-rate once federal loans are repaid. Under the new law, tenants in buildings whose owners repay their loans and have the option of raising rents to market parity, are now protected by rent, eviction, and condominium conversion regulations.



In addition, several HUD-owned subsidized apartments have been saved from the auction block by a coalition of City, state, community, and business leaders. HUD agreed to sell about 1,000 subsidized apartments to non-profit community development corporations through the Boston Housing Partnership. These properties will be preserved for low-income use, managed by the CDCs, and subsidized by the City, state, foundations, the United Way, and federal tax credits.

The Flynn administration is also taking the boards off of long vacant and substandard public housing units. In 1986 when the rehabilitation process began, 2,171 units stood empty. Today just 634 apartments are without tenants as they are brought up to code and additional funding for restoration work is secured. Given this pace, every unit of the 17,500 apartments under the auspices of the Boston Housing Authority will be fully occupied by 1991.



During the past five years Boston has been home to a dramatic increase in housing starts. Over 15,000 units have been approved in this period. Additionally, City-owned properties are no longer auctioned to the highest bidder. Frequently City properties are sold at far below market value to non-profit housing developers. Linkage policies implemented by the Flynn administration also help to make properties affordable to non-profit organizations. Thus far $75 million has been committed through the linkage program and $26 million allocated to fund 2,725 affordable housing units. Often, City funds are combined with CDBG and state housing resources to make the most significant impact.

Working closely with neighborhood organizations and private developers, the City of Boston is encouraging affordable unit set-asides in all privately built market-rate housing developments.

Vietnam Veterans:
A Special Priority

When World War II veterans returned home from duty, they were welcomed by ambitious federal housing programs which helped to produce millions of new affordable homes. Vietnam veterans, in stark contrast, were faced with unprecedented reductions in federal housing, job training, education, and other funds. Almost 80,000 veterans who have offered their lives for this country are homeless. Approximately one-third of the homeless people in every American city are veterans.

The Vietnam Veterans Workshop, a Boston-based organization founded in 1988, took a giant step toward making our homeless veterans a priority when they founded the "Project to Shelter Homeless Veterans." The goals of the national Project are to provide counseling, referrals, support services, and extensive outreach to homeless veterans from all wars, as well as to heighten public awareness to the plight of American veterans.

"We try to work on creative solutions to the problems of being a homeless veteran", says Ken Smith, President and Chairman of the Board for the Vietnam Veterans Workshop. "We cannot identify with the entire homeless population and therefore, try to focus on this element of the homeless."

Boston's Emergency Shelter Commission, working with the Vietnam Veterans Workshop and other concerned agencies are in the process of developing a day facility for homeless veterans at 17 Court Street, the former downtown location of the Veterans Administration. When the facility opens in the early winter months, it will provide showers, job counseling and referral services, safe areas to leave belongings while at work or on the job interviews, and social areas.

Working with Long Island Shelter, the Vietnam Veterans Workshop has also broken ground on a basketball/volleyball recreational facility. The recreation area will be available to all guests at the Long Island Shelter and will provide space for guests and shelter staff to meet and play and work together in a manner conducive to building trusting relationships.

The City of Boston has donated the land for the courts and will assume all maintenance costs after construction is completed. A recreational therapy staff person will help veterans to regain their sense of teamwork and dignity, and help them to integrate into the society that they left, and that left them long ago.

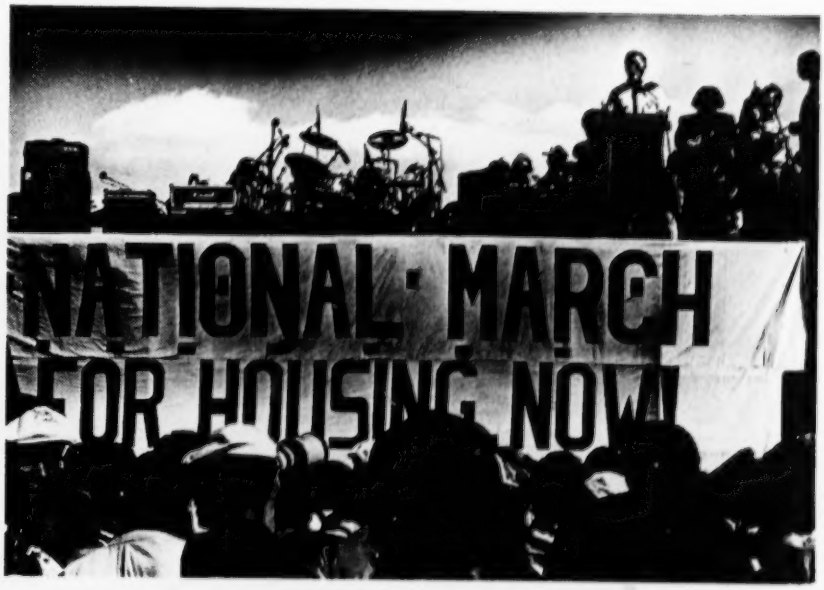
The City and the Vietnam Veterans Workshop have also entered into discussion about a day program at Long Island Shelter to provide psychological, educational, medical, career and housing assistance. Between its funded outreach worker, recreational facility, and proposed resource center, the Vietnam Veterans Workshop has made great strides toward integrating the many homeless veterans of Boston back into the life of the city.

New basketball court construction at Long Island Shelter donated by the Vietnam Veterans Workshop

Before Construction

During Construction

After Construction



Mayor Flynn addresses the crowd at the National March for Housing NOW Rally in Washington, D.C.

Advocacy and Education

The Flynn administration has been a strong advocate for the homeless at the local, state, and national level. Mayor Flynn has worked closely with advocacy organizations to make the plight of the homeless a priority issue at all levels of government and to raise the public's awareness of homeless issues in a variety of forums. He has striven to focus on both the day-to-day needs of homeless men, women, and children and on the underlying problems which put people onto the streets.

On the federal level this means that Mayor Flynn has agressively called for federal homelessness policies and a renewed commitment to low-income housing and affordable housing starts.

As Chairman of the U.S. Conference of Mayors Task Force on Hunger and Homelessness, Mayor Flynn has mobilized the nation's foremost urban leaders to address homelessness issues. The Task Force has issued annual reports surveying the extent of hunger, homelessness, and poverty in American cities, as well as special reports on the growing number of homeless families, deinstitutionalized mentally ill, and other topics. These reports have received national attention and have helped to focus the public on an issue that effects us all.

Mayor Flynn has worked with advocates such as Mitch Snyder, and Robert Hayes, founder of the National Coalition for the Homeless to draw attention to issues of hunger, homelessness, and poverty. He was the keynote speaker at the National Coalition for the Homeless Conference at Georgetown University in 1986.

Later, Hayes and Snyder joined the Mayor at a press conference at the Pine Street Inn in Boston to challenge the Reagan administration's efforts to downplay the seriousness of homelessness in the United States and to highlight the responsibility of the federal government in seeking a solution. Snyder also joined Mayor Flynn at a press conference at the Boston Family Shelter to urge Congress to approve McKinney Act programs. Mayor Flynn has addressed the annual conference of the National Low-Income Housing Coalition in Washington, D.C., and has spoken out at public forums on homelessness on college campuses and elsewhere across the United States.

In 1987 Mayor Flynn called on national religious and union leaders to join with elected officials and grassroots organizations to sponsor "Justice for All" day — a day of events in cities across the country to focus on issues of poverty in affluent America. Mayor Flynn also served as an initiator of the National Campaign to End Hunger and Homelessness, a coalition founded to make these issues part of national election campaigns. He kicked off the Campaign on Iowa's presidential primary day in Des Moines.

As a member of the Democratic Party Platform Committee, Mayor Flynn helped to draft the party's platform statement calling for a renewed federal commitment to build low-income housing and to address the needs of the homeless. Representing the U.S. Conference of Mayors, he has met with congressional leaders to urge swift passage of legislation for the homeless, including legislation that led to the McKinney Homeless Assistance Act.

Recognizing that the homeless problem will be resolved only when there is a stronger federal commitment to low-income housing, Mayor Flynn has worked with the U.S. Conference of Mayors and the National League of Cities to lobby congress for federal funding. He worked with Massachusetts Congressman Joseph Kennedy to draft and promote the Community Housing Partnership Act, which was filed in February 1988 and modeled on the highly successful Boston Housing Partnership. The Act will provide federal matching funds to cities to help non-profit developers rehabilitate and build affordable housing. The legislation has already gained 100 co-sponsors in the U.S. House of Representatives.

Mayor Flynn has also endorsed and actively campaigned for the Massachusetts Right to Housing Project which sought to amend the Massachusetts state constitution to guarantee every citizen decent, affordable housing. The project grew out of a broad coalition of support based in labor, human service, and community organizations.

AIDS and Homelessness

The City of Boston has made a strong commitment to providing AIDS education and treatment to the homeless population. The Emergency Shelter Commission has supported these efforts by offering AIDS education workshops to the staff of shelters, day programs, food programs, as well as to many homeless persons. A team of educators from the ESC and the City's Department of Health and Hospitals travel to area facilities to provide printed materials and personal workshops to staff as well as guests. Also, the ESC offered two AIDS workshops during their Fall '89 conference which were filled to capacity.

In addition to reaching people in the shelters and other programs, the ESC, Boston City Hospital, Red Cross and AIDS Action Committee have collaborated on a volunteer AIDS educator program. Due to the high demand for AIDS education in the homeless community these agencies have developed a day long training session for people who want to volunteer on a regular basis to provide AIDS workshops to area shelters. Also known as Adopt-A-Shelter, volunteers will regularly provide these educational sessions to the smaller shelters in the Boston area. Since the shelter guest population experiences a significant amount of turnover, it is necessary to return on a frequent basis to assure that everyone has the opportunity to be informed about AIDS. As of November 1989, five volunteers have been trained and more sessions are planned for the future. The Emergency Shelter Commission will continue to serve as a clearinghouse for requests for AIDS workshops to shelters and other service providers and they will continue to offer printed materials.

This year, Boston's Health Care for the Homeless team has expanded its staffing capacity at the Boston City Hospital HIV clinic. These additions include two physicians and two nurse practitioners who treat and follow homeless patients with HIV infection. Health Care for the Homeless provides medical treatment and case management to homeless clients through all service providers.

VIII. DEDICATED PEOPLE AND INNOVATIVE PROGRAMS THAT SERVE THE HOMELESS

Long Island Shelter Employment Services Program

A new program is operating at the Long island Shelter which helps many guests work towards greater self sufficiency. It is called the Employment Services Program (ESP) and it is the result of a partnership between the Mayor's Office of Jobs and Community Services (JCS) and the shelter. This program has been made possible with a federal grant of $72,000 obtained by JCS through the Stewart B. McKinney Homeless Assistance Act.

"The stereotype that homeless people don't want to work and remain in their current situation simply isn't true," says Carol Fabyan, Coordinator of the ESP. "It's hard to be in a shelter and maintain employment. There are so many barriers people are facing, because of their homelessness, that they wouldn't be dealing with if the lived in their own home." The ESP works with shelter guests to address these concerns and to support their efforts with job search as well as their efforts to maintain employment. Carol adds, "Self esteem is a major problem. We work with guests intensively."

The ESP has two primary components which operate in a continuum. The first phase is Job Placement and Development which helps to see a guest through the job search process. Carol, along with Karen Feldman, Assistant Coordinator of the ESP, receive referrals of guests who may be appropriate for the program. They interview guests to assess their skills and seek employers who might be interested in hiring an ESP participant.

According to Carol, many guests have solid work histories, but through unfortunate circumstances lost their employment and hence, their self esteem diminished. They work on a variety of job search skills such as filling out applications, writing resumes and practicing interview situations through role playing. One of the major issues for guests looking for work is how they explain their current living situation to a prospective employer.

Guests' employment and academic backgrounds span a wide range of experiences. Some ESP participants had held the same job for more than ten years and were laid off due to companies going out of business. Others have held a series of short-term jobs and need support in retaining a position for more than a few months at a time. Carol and Karen are working with guests whose educational backgrounds range from a seventh-grade level of completion to those with bachelor's degrees.

The second component of the ESP is called Job Reten-

"It's hard to be in a shelter and maintain employment. There are so many barriers people are facing, because of their homelessness, that they wouldn't be dealing with if they lived in their own home."

— Carol Fabyan,
Coordinator
Employment Services
Program
Long Island Shelter

tion. In this phase, participants set up a contract agreement with Karen to establish a plan and work towards the goal of self sufficiency. Provisions included in this contract would be: a guaranteed shelter bed, locker space to store one's belongings, a plan to open a bank account and establish a personal budget. Guests are required to meet weekly with Carol or Karen to discuss their goals and the progress they are making towards achieving them. This is also a time for them to receive support around work issues and any issues in their life that affect their employment.

Carol and Karen also maintain weekly contact with employers with whom they have made direct arrangements. This communication has been an important component of the Job Retention phase.

The ESP began operating in mid-July 1989 with seven working participants in the Job Retention component. As of September 1989, there were 15 people in the Job Placement and Development section and 28 guests were on contracts with the ESP. In one month's time, five guests were placed in jobs and have retained them for over three months.

ESP has experienced increasingly popularity amongst shelter guests and as a result, the program added a half-time job counselor in October 1989. With the opening of the Woods-Mullen Memorial Shelter at BCH, the ESP plans to offer support services and contract beds there as well. The location would provide easier access for those guests working in the downtown Boston area. It is rewarding to see positive results in a short period of time. Carol comments on a guest whom she placed in a job and had known for one year prior to his participation in the ESP. "He's like a different person. He's so proud and happy now. He's working full time. He's so capable and it's done a tremendous amount for his self esteem. His employer is very pleased with his work."

Boston Business School — Carolyn Sanders

In a cooperative effort between the Boston Business School (BBS), the Massachusetts Department of Public Welfare and Bunker Hill Community College, a new program has been piloted to offer office skills training to homeless individuals. During the summer of 1989, 20 homeless individuals from several different shelters in the city attended a seven-week, full-time program at the BBS. Students took course in typing, word processing, office procedures and English. Each graduate of the Boston Business School received a certificate in Office Skills Training and college credits which can be applied towards an Associate's degree at Bunker Hill Community College in Charlestown.

Carolyn Sanders, a graduate of the seven-week program at BBS, found out about this educational opportunity through another guest at the Long Island Shelter. Carolyn had been a guest at the shelter for several months when she became aware of the Boston Business School program. Originally from Milford, she had been a full-time student at Salem State College for one year prior to becoming homeless. "Just because you're homeless doesn't mean you can't go to school full time. I had a place to live the first time I went to school," said Carolyn. Carolyn is now working closely with the Employment Services Program at Long Island Shelter to get a job. "Sometimes it's nerve wracking not having a job. I want to get a job and get myself on the right track."

"It's nerve wracking not having a job. I want to get a job and get myself back on the right track."

— Carolyn Sanders,
Graduate
Boston Business
School
Guest, Long Island
Shelter

Barbara McInnis

"I see myself as the grandmother of the clinic," says Barbara McInnis, who has been a community health nurse at the Pine Street Inn since 1973. "Working at Pine Street Inn uses all of the areas of nursing that I've learned over the years." Barbara likes to refer to herself as a "pioneer" when it comes to providing nursing services to homeless and other needy people. Though she has been a vital force behind the clinic services at the Pine Street Inn, she's careful to state that she was not one of the nurses who originally opened the clinic in 1972. For over 10 years, however, her strong commitment and excellent coordination kept it alive with a working force of volunteer nurses. Barbara was instrumental in applying for and obtaining funds which allowed the clinic to operate on a regular basis with a paid nursing staff. In 1985 physicians were added to treat guests regularly at Pine Street's clinic.

Barbara participates as a member of a team of pubic health nurses who work via a contract between Boston's Department of Health and Hospitals and the Massachusetts Department of Public Health. Their primary task is to screen people for contagious diseases, particularly tuberculosis, and provide follow up services. Her work requires persistence and dedication as she has to keep in touch with a transient population.

Barbara is a native of Boston. After completing her nursing training at St. Elizabeth's Hospital in 1956, she worked as a psychiatric nurse at Boston State Hospital for four years. Ever since, Barbara has remained in public health nursing. She has watched the homeless population in the city change during this time. In addition to her work at Pine Street,

"We try to keep body and soul together so that when a person is ready to make a change from here (Pine Street Inn), they will be empowered."

Barbara has volunteered her time at a number of shelters and meal programs in Boston. She has worked for the Red Cross on their Blood Mobile for 14 years. Barbara has made significant professional contributions in other ways as well. She has been an active member of the Massachusetts Nursing Association, both on the Substance Abuse Council and in the Peer Assistance Program. She authored a chapter in a book published by the National League of Nursing and co-authored an article in the *American Journal of Nursing*. Barbara is an advocate for the nursing profession and for the homeless. She points to the outstanding work that nurses have done to keep the Pine Street clinic operating properly and the special relationships that are developed between them and the shelter's guests. The nursing staff at the Pine Street Men's Clinic see approximately 220 male guests each day.

"Healing starts with the one-to-one relationship. That's the first step. We try to keep body and soul together so that when a person is ready to make a change from here (Pine Street Inn), they will be empowered. There's not one story — each person needs to be nurtured," says Barbara, "You have to listen to homeless people to see what they want and help them to get what they want."

Project Lighthouse

Project Lighthouse is an adult literacy education program at the Long Island Shelter. It is a cooperative venture between the shelter and a non-profit organization, Literacy Volunteers of Massachusetts. Amy Knudsen, Assistant Coordinator of Client Services at the shelter, saw the need for an adult literacy program as a result of her intake interviews with shelter guests. In the fall of 1988, Amy and Alan Freedman, Client Services Coordinator, wrote a proposal through the Stewart B. McKinney Homeless Assistance Act to acquire funds for a pilot adult literacy education program.

In January 1989, the Long Island Shelter was awarded $14,700, to operate a nine-month literacy program. The model proposed was a volunteer tutorial system in which volunteers recruited by the shelter were trained to provide literacy education on a one-to-one basis with shelter guests. Volunteers make a serious commitment to Project Lighthouse by engaging in an initial 21-hour training program and making a nine-month commitment to participate in Project Lighthouse. Students are asked to make a three-month commitment to the program and all participants have exceeded this initial agreement. Currently, nine students and nine volunteer tutors are active in the program. The response to the project has been so favorable that the shelter was awarded a surplus of $5,000 to extend the program to more volunteers and students.

Project Lighthouse is designed primarily for shelter guests whose reading skills are below a sixth-grade level. There are a few participants whose skills are up to an eighth-grade level, but need to increase their competency in order to be eligible for a Graduate Equivalency Diploma (GED) preparation course. For these guests, Project Lighthouse has provided the necessary supports for them to achieve success in an adult education program outside of the shelter. Participants also benefit from their volunteer tutors who follow through with them beyond their stay at the shelter. Tutors spend three hours each week with their pupil and assign homework projects to be completed prior to their next meeting.

"The individual attention and support is a key to success in this program," says Amy Knudsen, who is not only an Assistant Coordinator at the shelter, but who also serves as a volunteer tutor herself. One Project Lighthouse student said, "I jumped at the chance. I really like my tutor. It's a chance for me to get something I didn't have as a kid. I'm working on my arithmetic, writing and reading. I like it a lot."

Looking to the future, the shelter is hopeful that it will receive further funding and plans are in progress to train an additional nine volunteers. Word of mouth information travels fast at the shelter and several guests have requested placement on a waiting list to participate in Project Lighthouse.

Project Lighthouse has been an inspiration to other shelter guests in spurring them to think about their own education. Recently, one guest decided to enter the University of Massachusetts through a special program offered by the Veterans Administration. Additionally, Amy and other shelter staff are working on developing a curriculum which is appropriate to homeless persons. They are in the process of compiling a library of age appropriate reading materials for students. They also want to develop a guide for tutors on how to work with the homeless. Some of the shelter's informational pamphlets are being rewritten into simpler language so that students will be able to read them. Also, a group of students will be working on a street survival guide which will be helpful to others at their reading level.

Though this is a young program, the signs of success have already come to light. The program has already been through its first formal evaluation and scored well. Amy states that she has seen progress in several students as they participate in Project Lighthouse.

Health Care for the Homeless

Since July 1985, Boston's Health Care for the Homeless program has provided comprehensive health care services for the city's homeless population. Through this program, health care teams — consisting of dedicated doctors, nurses and social workers — travel to almost 60 shelters, meal sites, day programs and hospitals to provide health care to guests at these locations. Headquartered at Boston City Hospital, Health Care for the Homeless was one of 19 programs originally funded with a grant from the Robert Wood Johnson Foundation. They received a four-year $1.4 million grant which was matched with funds from the City of Boston, state government, private groups and most recently, McKinney funds. The Robert Wood Johnson grant helped the Health Care for the Homeless program establish itself as an essential, effective service provider in Boston's homeless community. These funds have ended and replacing them has been a challenge. The federal government, through the McKinney Act, has allocated $722,000 to Health Care for the Homeless.

Another significant source of funds for the program has come from Comic Relief, a charitable organization of nationally acclaimed comedians who are concerned about the plight of our homeless citizens. During the past three years, Comic Relief has given $217,000 to Health Care for the Homeless. Comedians Billy Crystal and Robin Williams have visited Boston on several occasions to personally deliver the Comic Relief grants.

The increased funding has allowed Health Care for the Homeless to expand their comprehensive services. They are now visiting 20 more sites than those served last year. Much of this is due to the increase in their medical staff; having added two physicians and two nurse practitioners. Also, the dental services being offered at St. Francis House day program have been increased.

"Homeless people are at relatively high risk for a broad range of acute and chronic illnesses," according to a report by the National Academy of Sciences. Because of their exposure to the elements, their poor diet, their risk of physical assault, the lack of stable bed rest, crowded living conditions, the lack of preventative health services, and other risk factors, homeless people suffer from a variety of health problems. In general, the homeless tend to "fall between the cracks" of the health care system. This paradox is particularly troublesome when the homeless live in the shadows of the finest medical institutions in the world.

The Health Care for the Homeless program is designed to bring homeless people in to the mainstream of the health care delivery system. One of its major

Mayor Flynn, Dr. James O'Connell, Director of Boston Health Care for the Homeless and comedian Billy Crystal

Boston's Health Care for the Homeless Family Health Team

strengths is that it provides continuity of care which links the clinics at shelters with regular hospital services. Health care teams keep careful records on each individual's medical history as well as treatment and follow-up care. When admission to a hospital is necessary, the Health Care for the Homeless staff visit the patients at least twice each week. In addition to general medical services, Health Care for the Homeless has an optometry service, a program to diagnose and prevent tuberculosis as well as other specialized services to meet the particular needs of the high-risk homeless population. Since its inception, the Health Care for the Homeless program has treated over 12,000 persons (in over 39,000 clinical contacts), including many children residing in family shelters and hotels.

Health Care for the Homeless also operates an innovative respite program at the Shattuck Shelter in Jamaica Plain. The respite unit provides recovery care for homeless individuals who are too ill to be walking the streets each day but who do not require admission to acute or chronic care hospitals. The 25-bed unit provides comprehensive medical, nursing, social and psychiatric care for homeless patients who are unable or reluctant to follow routine treatment plans. This unit is very cost effective as it provides a less expensive alternative to hospital care for individuals who are recovering from treatment. The average length of stay in respite is 17 to 20 days and they have had over 700 admissions since opening in the fall of 1985.

Stabilization/Holding Program at Long Island Shelter

The Long Island Shelter operates two programs that support recovering alcoholics who are working on staying sober. These programs are similar in many ways, however, one of them is part of a research study to try to determine the most effective way to help alcoholics.

When an intoxicated person becomes involved in a short-term (five-day) detox program, they are given medication which helps to alleviate their withdrawal symptoms. Once they leave the detox facility, the effect of the medication dissipates and the person often has the desire to drink again. The detox program usually provides a referral to a halfway house so that the person can have the structure and support to remain sober. Unfortunately, there are waiting lists for these programs. Many people are discharged to shelters, begin to drink again and hence, lose their place on the halfway house waiting list. The waiting period for admittance into these programs ranges from 35 to 45 days. This interim time is most challenging and hazardous to the alcoholic who is trying to maintain sobriety. In an effort to address the needs of recovering alcoholics who are seeking further support the Holding Program was created at Long Island Shelter.

"Every day you give someone the time and structure to rebuild their lives, you give them the opportunity to recover," says Barbara Blakeney, Director of Clinical Services at the Long Island Shelter. Barbara supervises the operation of the Holding Program which services 12 to 20 guests, at any given time, who are working to stay sober. Guests in the Holding Program are offered structure and support at the shelter including daily Alcoholics Anonymous meetings, self-held groups and individual sessions with a certified substance abuse counselor. Also, intensive case management is provided to assist them through the process of getting admitted into a long-term (28 days) detox program or a halfway house.

In May 1988, an additional 10 shelter beds were assigned to the Holding Program as part of a collaborative research study by the Massachusetts Health Resource Institute and the Massachusetts Department of Public Health Division of Alcoholism. Though it is similar to the Holding Program, this study, known as the Stabilization Project, requires an agreement by participants to be monitored and studied through a nine-month period of sobriety. This is the first time a shelter has been involved in research of this nature. Barbara Blakeney points out that this study is different from past research on substance abuse programs in that it engages a testing model as opposed to a descriptive model. The statistics resulting from the Stabilization Project are already showing a good completion rate for programs of this type. At least 50 percent of participants are advancing to their next treatment site. Also, past participants from the Holding and Stabilization Programs have returned to the shelter to run support groups and AA meetings for current guests. Some of these "graduates" are now living in their own apartments and are working. "The shelter has seen a need and is working to meet this need," says Barbara.

The shelter provides approximately one-third of the funds needed to continue the Stabilization Project. Barbara believes it is extremely worthwhile, but is concerned about planning for the future as she knows there will be a continued need for an interim program for recovering alcoholics. "We are doing over and above what many shelters are able to do. There are many hidden costs attached to this type of service and we are stretching ourselves to make this happen."

IX. FEDERAL McKINNEY FUNDS IN BOSTON

The Stewart B. McKinney Homeless Assistance Act, passed in 1987, was the first major federal legislation enacted to address the diverse needs of homeless people. Mayor Flynn, as Chair of the U.S. Conference of Mayors Task Force on Hunger and Homelessness, worked closely with homeless advocates and Congressional leaders to secure passage of this legislation and to get the funding increased after the first year. These funds are now being used to meet the basic needs of homeless people in cities across the country.

Through the McKinney Act, agencies in Boston have received a total of $6.5 million which have been allocated for a variety of housing, shelter, food and health care programs. Ninety-seven non-profit organizations have received these funds. A list of these groups is included in Appendix III.

Some McKinney funds were allocated to the City of Boston directly while others were distributed to the Commonwealth of Massachusetts. Additional McKinney monies were given directly to the non-profit groups who applied to the federal Department of Health and Human Services and the Department of Housing and Urban Development.

The Flynn Administration has worked with Boston-based groups to assure that they receive the maximum amount of available funds. The Emergency Shelter Commission, together with the Public Facilities Department, sponsored several workshops for Boston non-profit organizations to educate them about the availability of funds and to help them prepare their applications. This process which includes the workshops and direct assistance to providers has served as a role model for the state and other cities in the United States.

X. HISTORY OF HOMELESSNESS IN BOSTON

Since the settlement of Boston in 1630, local government has responded to the needs of its less fortunate citizens. At first, those needing assistance were generally people who had suffered a family tragedy such as the death of a family member. The elders of the community provided food and other necessities for such families. In 1675, the government took a step further. The provincial government of Massachusetts provided for the care of families fleeing to Boston because of King Philip's War, led by the Native American, Metacomet (King Philip), against the settlers. This action by the provincial government marked one of the first instances of a government effort to provide not only "out relief" to those living in their own homes, but also shelter to those with no place else to go.

"Poor relief" by the government provided support to the indigent. Eighteenth-century Boston was marked by periods of economic decline during which the numbers of people needing assistance increased. The 1730s and 1740s were particularly difficult. Boston and many other cities established a "warning out" policy to prevent strangers from obtaining poor relief, according to historian Gary Nash in *The Urban Crucible*. During this period, the City opened a warehouse on the Common for able-bodied men and an almshouse for the infirm, disabled and aged. By concentrating the poor in one place, City officials hoped to decrease the expense of poor relief. The workhouse, for example, required men to chop wood for two hours in exchange for shelter.

After the American Revolution, the numbers of "strolling poor," or tramps, decreased. In 1837, the numbers once again increased as a result of a severe economic depression which lasted until 1842. In the late 1840s and early 1850s, Irish immigration brought increasing numbers of poor people to Boston. According to historian Oscar Handlin in his book, *Boston's Immigrants*, "the cost of poor relief expanded year after year."

After the Civil War, as Boston became an industrial center, fluctuations in the economy greatly affected unemployment levels and, consequently, the numbers of people needing assistance. During the period from 1870 to 1920, many of the charitable institutions which continue to serve Boston's poor were founded. These include the Salvation Army in 1905, the Merrimac Mission (now Kingston House) in 1899, Women's Educational and Industrial Union in 1877, and the Rufus Dawes Hotel (now Pine Street Inn) in 1916. These private charitable institutions, as well as the City government's Overseers of the Poor (the agency responsible for poor relief), responded to the needs of the poor throughout this period.

According to historian Alexander Keyssar, in *Out of Work*, a study of Massachusetts unemployment, "the number of tramps tended to increase dramatically during depressions and to diminish rapidly when jobs were more plentiful." Until the 1880s, the City allowed temporary lodging in "tramp rooms" of police stations. These wanderers also stayed in the many lodging houses or at the City-run Hawkins Street Woodyard. For homeless families, Keyssar notes, "doubling-up . . . was a frequent practice for (those) who could no longer afford to pay rent."

The Great Depression of the 1930s resulted in unprecedented levels of unemployment. In response, Boston Mayor James Michael Curley increased public works programs to provide more jobs, held fundraisers, and cut back on unnecessary City expenditures to increase poor relief. President Roosevelt's New Deal provided federal relief to the elderly and to families with dependent children, eventually decreasing the City's expenditures for poor relief. The passage of the Social Security Act in 1935 was a major turning point to help the elderly meet housing and other basic needs.

During the post-World War II period, the homeless were

served primarily by nonprofit groups. In 1961, Action for Boston Community Development (ABCD) prepared a report entitled, "The Socially Unattached and Isolated Residents of Skid Row." This report inventoried and evaluated problems of and services for the "skid row" population of Boston, which, at that time, was being displaced by the urban renewal project at Scollay Square (now Government Center). At the time, the homeless population consisted primarily of single men — alcoholics, migratory workers, the elderly, and the disabled. These men obtained shelter at places such as the Pine Street Inn (Rufus Dawes Hotel), the Merrimac Mission, Morgan Memorial, or hospitals, if necessary. Homeless families could still obtain shelter at the Chardon Street Temporary Home, operated by the City. Haley House, founded by a private religious group, joined the ranks of organizations serving the poor in the 1960s. By the mid-1970s, a number of shelters for battered women were developed. They were founded by groups of women seeking to shelter women from physical and emotional abuse. Rosie's Place, founded in 1974, was among the shelters for women.

The 1980s witnessed a growing number of homeless and a growing awareness of their problems. The combined impact of federal cutbacks for the poor, rising housing costs, and deinstitutionalization changed the face of homelessness in Boston. No longer a problem primarily of the alcoholic, homelessness was, increasingly, a problem of low-income families and the chronically mentally ill. No one could have anticipated both the underlying changes or the more visible symptoms. As a result, the response of both government and private institutions was initially haphazard and fragmented.

APPENDIX I.

BOSTON SHELTERS FOR THE HOMELESS

Shelter	Neighborhood	Number of Beds							
		1983	1984	1985	1986	1987	1988	1989	1990
Adult Shelters									
Day is Done	Fenway	—	12	12	12	12	12	12	12
Harbor Light Center	South End	37	37	37	35	35	35	38	38
Pine Street Inn	South End	350	350	350	350	350	350	390	390
St. Paul's (Pine Street Inn)	Dorchester	—	—	50	50	50	50	50	50
Fort Point	South Boston	—	—	—	—	300	300	300	300
Rosie's Place	South End	15	13	16	20	20	20	20	20
Shattuck	Jamaica Plain	120	100	100	100	200	200	200	200
Sancta Maria	South End	9	9	9	10	10	10	10	10
Kingston House	Downtown	—	—	—	—	60	60	60	60
Long Island	Harbor Islands	100	200	360	360	360	360	360	360
Boston City Hospital	South End	—	—	—	—	60	60	160	160
Council of Elders	Roxbury	—	—	—	—	—	38	38	38
Night Drop-In	Downtown	—	—	—	—	60	60	60	60
Subtotal		631	721	934	937	1517	1555	1698	1698

APPENDIX I.

BOSTON SHELTERS FOR THE HOMELESS

Shelter	Neighborhood	Number of Beds							
		1983	1984	1985	1986	1987	1988	1989	1990
Family Shelters									
Casa Myrna Vazquez Safe Homes	South End	25	25	25	15	25	25	25	25
Mary Foreman	Dorchester	22	22	22	22	22	22	24	24
FINEX House	JP/Dorchester	20	20	20	20	35	35	36	36
Agnes Owens	Roxbury	—	—	30	50	50	50	—	—
Boston Family Shelter	South End	35	35	35	28	28	28	28	28
Crossroads	East Boston	—	—	35	35	35	35	35	35
Salvation Army	Roxbury	15	15	15	18	18	18	19	19
RMSC Family House	Dorchester	—	37	37	42	50	50	50	50
Project Hope	Dorchester	20	20	20	20	20	20	20	20
Sojourner House	Roxbury	20	20	20	20	20	20	20	20
Temporary Home	Downtown	45	45	45	45	45	45	45	45
Stone House	Jamaica Plain	18	18	18	18	18	18	19	19
Harbor Me	East Boston	18	18	18	18	18	18	19	19
Renewal House	Roxbury	9	9	9	9	9	9	13	13
YMCA F.I.T.	Fenway	—	—	—	—	85	85	79	79
Casa Myrna Vazquez Shelter	South End	—	—	—	—	—	—	15	15
Saint Andrew's	Jamaica Plain	—	—	—	—	16	16	16	16
Bostonian Chambers I	Dorchester	—	—	—	—	—	22	24	24
Bostonian Chambers II	Dorchester	—	—	—	—	—	24	26	26
Lifehouse I	Dorchester	—	—	—	—	—	—	14	14
Lifehouse II	Dorchester	—	—	—	—	—	—	15	10
St. Mary's Home	Dorchester	—	—	—	—	—	—	—	15
Crittendon-Hasting House	Allston	—	—	—	—	—	—	—	12
St. Ambrose	Dorchester	—	—	—	—	—	—	—	22
Subtotal		262	299	364	375	509	540	542	586

APPENDIX I.
BOSTON SHELTERS FOR THE HOMELESS

Shelter	Neighborhood	Number of Beds							
		1983	1984	1985	1986	1987	1988	1989	1990
Transitional Housing/S.R.O.s									
Parker Street	Downtown	50	50	50	50	50	50	50	50
Parker Street West	Jamaica Plain	—	—	—	25	25	25	25	25
Long Island (DMH)	Harbor Islands	—	—	—	42	42	42	42	42
Family House I	Dorchester	—	—	12	12	12	12	12	12
Family House II	Dorchester	—	—	—	—	—	18	18	18
Horizons House	Mattapan	—	—	19	19	19	19	19	19
John Leary House	South End	20	20	20	20	20	20	20	20
Rosie's Place	South End	—	—	—	11	11	11	11	11
Rosie's Place	Dorchester	9	9	9	9	9	9	9	9
Stone House	Roxbury	—	—	—	—	46	46	46	46
Sunderland House	Roxbury	—	—	—	—	35	35	—	—
Boston Aging Concerns	Back Bay	—	16	16	16	16	16	16	16
Boston Aging Concerns	Fenway	—	23	23	23	23	23	23	23
Boston Aging Concerns	South End	—	—	—	—	—	30	30	30
Paul Sullivan I	Dorchester	—	—	—	10	10	10	10	10
Paul Sullivan II	Dorchester	—	—	—	—	10	10	10	10
Paul Sullivan III	Downtown	—	—	—	—	—	—	16	16
Morris Building	Harbor Islands	—	—	—	—	20	20	24	24
Eliz. Stone House	Jamaica Plain	—	—	—	—	14	14	14	14
Bridge House	Brighton	—	10	10	10	10	10	10	10
Bridge Extension	South End	—	—	—	—	14	14	14	12
Bridge-Eliot Complex	Brighton	—	—	—	—	—	—	28	30
Operation Food, Inc.	Mattapan	—	—	—	—	—	—	10	10
Renewal Center	Roxbury	—	—	—	—	—	—	10	15
Casa Myrna Vazquez	South End	—	—	—	—	—	—	8	8
STAIR	Mattapan	—	—	—	—	—	—	8	28
Boston Aging Concerns	Back Bay	—	—	—	—	—	—	—	14
Paul Sullivan IV	South End	—	—	—	—	—	—	—	15
Paul Sullivan V	Jamaica Plain	—	—	—	—	—	—	—	45
Paul Sullivan VI	Roxbury	—	—	—	—	—	—	—	20
Paul Sullivan VII	South End	—	—	—	—	—	—	—	31
Pine Street Inn	Dorchester	—	—	—	—	—	—	—	12
Friends of Shattuck	Dorchester	—	—	—	—	—	—	—	12
Boston YWCA	Dorchester	—	—	—	—	—	—	—	20
Friends of Long Island	Jamaica Plain	—	—	—	—	—	—	—	9
Dorchester APAC	Dorchester	—	—	—	—	—	—	—	24
Second Home	Roxbury	—	—	—	—	—	—	—	18
Subtotal		**79**	**128**	**159**	**247**	**386**	**434**	**514**	**759**
TOTAL		**972**	**1148**	**1457**	**1559**	**2412**	**2529**	**2754**	**3043**

Appendix II
SURVEY OF THE HOMELESS MENTALLY ILL
SEPTEMBER 1989

NAME OF SHELTER: _____

NUMBER OF PEOPLE SERVED PER NIGHT: _____

1. What percentage of your shelter guests have some form of mental illness? _____

2. Is this percentage an increase over last year? _____

3. What percentage of your shelter guests have both mental illness and a substance abuse problem?

4. Is this percentage an increase over last year? _____

5. What percentage of your guests come from outside of Boston? _____ Outside of Massachusetts? _____

6. Do you know of anyone who has been released from a mental health facility to the streets? _____ 6a. Are they capable of functioning on the streets? Give examples. _____

6b. In your opinion is this occurring more frequently? _____

7. DMH clients are given a comprehensive treatment plan upon discharge. Are these plans adequate? _____ Give examples _____

8. How easy is it for DMH clients to access routine or maintenance level care? _____

9. Is there any commitment to continuity of care? If not, what are the barriers? _____

_____

_____

10. How long must someone from your shelter wait for an appointment with a social worker, psychiatrist, etc.? _____

_____

_____

11. If a person feels that he or she must return to a mental health facility, how long does it take to gain readmittance? _____

_____

_____

12. What are your three most serious concerns regarding the DMH system? _____

_____

_____

13. Please list any issues that you feel must be corrected in order for your guests to be able to receive adequate and timely mental health care.

_____

_____

_____

14. Please list any other information that you believe is important to the homeless mentally ill community.

_____

_____

_____

Appendix III

Stewart B. McKinney Act Awards to Boston

Allston/Brighton APAC	$	2,000
American Red Cross	$	18,827
BCH Food Pantry	$	5,753
BCH Laundry Building Shelter	$	275,000
Boston Children's Service Association	$	1,500
Boston Family Shelter/Shelter, Inc	$	48,250
Boston Indian Council	$	8,152
Boston University/Sponsored Programs	$	2,434
Boston YWCA	$	575,175
Bostonian Chambers	$	395,125
Bridge Over Troubled Waters	$	355,668
Brumfield-Johnson	$	49,800
Cape Verdean Community House	$	5,000
Cardinal Cushing Center	$	6,773
Casa Myrna Vazquez	$	445,123
Catholic Charitable Bureau	$	21,287
Catholic Charities	$	80,000
Centre House	$	30,000
Charles Street African Methodist Episcopal Church	$	3,035
Church of God of Prophecy	$	11,920
Church of the Advent	$	4,000
Church of Covenant Food Cupboard	$	1,800
Church of the Holy Spirit Food Bank	$	5,216
City Mission Society	$	8,198
Codman Square Health Center	$	3,500
Columbia Point Neighborhood Service Center	$	1,000
Council of Elders	$	6,694
Crittendon Hastings House	$	50,000
Crossroads	$	7,524
Dorchester Temple Baptist Church	$	3,000
East Boston APAC	$	6,569
Ecumenical Social Action Committee	$	4,000
Eliot Church of West Roxbury	$	2,726
Elizabeth Stone House	$	95,000
Family Housing Services	$	50,000
Finex House	$	118,524
Friends of Shattuck	$	725,760
Fuller Street	$	150,000
Grace & Hope Mission, Inc.	$	2,000
Haitian Multi-Service Center	$	5,817
Haley House	$	2,524
Harbor Light Center	$	2,997

Harvard Street Neighborhood Health Center	$	12,377
Health Care For The Homeless	$	1,021,377
Horizons House	$	4,000
Jamaica Plain APAC	$	20,092
Jobs and Community Services	$	38,000
John Leary House	$	300
Julie's Children's House	$	300
Kennedy Family Service Center	$	4,881
Kit Clark Senior House	$	3,687
Laboure Center	$	13,673
Lifehouse	$	182,000
Log School Family Education Eenter	$	4,000
MAMLEO Food Pantry	$	1,500
Mass. Coalition for the Homeless	$	75,000
Mass. Halfway House	$	4,415
Mt. Calvary Holy Church	$	2,524
My Sister's Place	$	40,368
Neighborhood Action, Inc.	$	11,589
Operation Food	$	30,000
Our Savior's Lutheran Church	$	4,000
Parker Hill/Fenway NSC	$	6,454
Paul Sullivan Trust	$	99,484
Pine Street Inc.	$	559,000
Place Runaway House	$	5,000
Pregnancy Help (Archdiocese of Boston)	$	5,673
Project Hope	$	49,800
Project Place	$	6,313
Renewal House	$	170,950
Roxbury Action Program	$	1,881
Roxbury Children's Program	$	3,920
Roxbury Multi-Service Center	$	54,500
STAIR	$	20,000
Salvation Army	$	55,343
Second Home	$	90,000
Senior Homecare — Boston III	$	2,001
Shattuck Shelter	$	34,588
Society of St. Vincent de Paul	$	4,126
Sojourner House	$	93,993
South End Neighborhood Church	$	1,876
Southwest Boston Community Services	$	8,073
St. Ambrose Shelter	$	2,160
St. Andrew's	$	7,106
St. Catherine of Siena Food Program	$	3,200

St. Francis House	$	22,073
St. John's Episcopal Church	$	2,534
St. Joseph's Neighborhood Food Program	$	9,954
St. Phillips Parish/Warwick House	$	1,500
Tabernacle of Prayer Apostle, Inc	$	1,500
Traveler's Aid Society	$	32,781
United South End Settlements	$	4,771
United Way of Mass. Bay	$	4,094
Women's Lunch Place	$	4,500
Women, Inc.	$	19,000
YMCA/Families in Transition	$	14,000
YMCA/Huntington Avenue	$	28,113
Zion Day Care	$	2,524
TOTAL	**$**	**6,504,539**

CITY OF BOSTON PRINTING SECTION

City of Boston
Raymond L. Flynn, Mayor

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